

013134

JPRS 82332

26 November 1982

19990503 073

Worldwide Report

EPIDEMIOLOGY

No. 303



DISTRIBUTION STATEMENT A

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WORLDWIDE REPORT
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CAMPAIGN LAUNCHED AGAINST TUBERCULOSIS

Kabul KABUL NEW TIMES in English 31 Oct 82 p 5

[Text]

"More than 282,152 people have been vaccinated with BCG vaccine against tuberculosis. They have also been examined and radiographic facilities have been provided to them during the past 16 months by the national institute for tuberculosis. After the new phase of the Saur Revolution began, the treatment and examination of patients affected by tuberculosis is being done free of charge everywhere in the country. For rendering more and better health services to the compatriots, the national institute for campaign against tuberculosis has also increased and expanded its programme for the control, treatment and prevention of the disease", an official of the national institute for tuberculosis told Kabul New Times.

The institute started offering anti-tuberculosis services in 1333 HS only in the Kabul city and afterwards the field of its activities were developed and extended to the provinces of the country.

These activities of the institute has developed all sidedly in the years since the new phase of the revolution began.

In accordance with the epidemiological data available, the disease develops along the same patterns in all parts of the country. However, the symptoms differ in some areas, especially those densely populated. In such regions, the number of cases are more.

By rendering health services for prevention of tuberculosis to all parts of the country and the health centres, the effect of this disease has been considerably reduced. Also the necessary medicines have been distributed and all the other examinations done for patients suffering from this disease.

Answering a question a to how many tuberculosis eradication health centres of the institute are functioning in the country, an official said: "Each province, in the country has one health centre for campaign, against tuberculosis. More than six tuberculosis health

zones have been demarcated. Each of these zones has a health centre that can prepare medicine for, provide medical equipments to, control and investigate three to five provinces of the country".

In order to render more health services to the people for eliminating TB, after the victory of the Saur Revolution, the foundation-stone of the building of the institute was laid at Darul Aman and its construction work was completed.

The institute is equipped with modern equipments. It has various sections like, the registration section for the patients, the laboratories, the section for examination of phlegm directly, the radiographic section with

small films, the vaccination section, diagnosis centre, a culture section for the patients, health publicity section, conferences and teaching sections and for doctors and student medics.

Speaking about the method of work the official

ded: "When the patients are referred to the hospital, examined thoroughly by the various departments. In case, tuberculosis is determined, the necessary medicines are advised. Many such patients under prolonged treatment come for their medicine every month.

In serious cases, groups of patients are also sent to the sanatoriums for necessary treatment".

CSO: 5400/4704

SUCCESS OF MEASLES VACCINATION PROGRAM HAILED

Tirana BASHKIMI in Albanian 6 Aug 82 p 3

[Article by Eduart Kakarriqi, doctor in the Institute of Hygiene and Epidemiology in Tirana]

[Excerpts] A wide range of vaccines and serums are produced in the Institute of Hygiene and Epidemiology, including the vaccine against measles which is being produced on the basis of a modern technology. World experience in the past 20 years in the use of measles vaccine illustrates the complete and certain effectiveness of this vaccine in stopping various measles epidemics or in preventing them. In this regard, the experience of Albania in stopping completely the most recent measles epidemic, in 1970-1971, by massive vaccinations, in record time, of all susceptible people, is of no minor value. This massive vaccination program was followed by systematic planned vaccination against measles each year, using vaccine produced in the country. As a result, there has been an uninterrupted continuity in the vaccination program, including each new age group in the vaccination, beginning with children 9 months old. Thus, the proportion of the population vaccinated has been increasing gradually.

It should be emphasized that there are few countries which produce their own measles vaccine. Also, in general, even in those countries in which this vaccine is produced, vaccination against measles is not obligatory and planned as it is in Albania. As a result, the total protection of the population through the use of vaccine is not being achieved and measles has found a suitable terrain for spreading in endemic or epidemic forms.

The present epidemiological situation of measles in our country is different from that of other countries. Our country is the only country without measles and for many years there have been very few cases of measles brought in from other countries. It is sufficient to mention cases brought in during the past 3 years; the people had a large number of contacts among the population. Nevertheless, out of these hundreds of contacts, only a few people contracted measles, people who were not vaccinated. But, what is more important, the measles virus was not able to find a suitable terrain for survival in the form of sporadic cases or minor localized outbreaks of the disease. This proved the complete effectiveness of our measles vaccine and the real possibility of eliminating measles, but only when there is a planned and systematic vaccination effort, sound organization, and a prophylactic orientation of health care. At the same time, it shows the importance of continuing to monitor the level of

protection of the population after vaccination in order to determine the need for re-vaccination.

Nevertheless, it should be stressed that this elimination of measles is not absolute as long as the disease can be brought in from other countries where measles exists in endemic and epidemic forms. In this direction, our aim is to have a permanent level of vaccine protection and to allow only sporadic appearances of measles (which have a positive role since they bring about a "natural" revaccination of a population protected by specific vaccination), which will be a reliable barrier against the endemic or epidemic spread of this disease.

At the present time, measles presents no problem for our country, thanks to the vaccine which is the only means of full protection. It is important that the great value of measles vaccine be understood, both by the health personnel, who are responsible for eliminating any possible defects in the vaccination program and by parents who must be prepared to have their children vaccinated at the proper time.

CSO: 5400/3019

BOLIVIA

BRIEFS

MALARIA REPORT--The endemic area of malaria has recently been reduced to 25 percent of the national territory, that is, about 201,806 square kilometers, according to information received by PRESENCIA from Dr Victor Mendez Arancibia, director of the National Malaria Eradication Service (SNEM). In 1959 the disease was endemic in 75 percent of the national territory, or a total of 821,346 square kilometers. Bolivia has all area of somewhat more than 1 million square kilometers. At present, there is no malaria in the Andean part of the country, which includes the departments of Oruro, Potosi, part of La Paz and the upper part of Cochabamba. On the other hand, the disease is widespread in the eastern plains region, including the departments of Pando, Beni, the northern parts of Santa Cruz and La Paz and part of Cochabamba. Preventive action taken by the SNEM consists in fumigating the homes twice per year, principally with DDT, to eliminate the possibility of having the transmitting mosquito remain in the people's houses during the night. This task is carried out periodically by SNEM teams. To this end, the program has seven operating centers; Riberalta, Cochabamba, Chuquisaca, La Paz, Pando, Santa Cruz and Tarija. Each operating center has one doctor who is a specialist in malaria, inspectors, evaluators and insecticide spray teams, trained in short courses. In addition to spraying the houses twice per year with DDT, the center's personnel keep a close watch on any endemic possibilities by verifying any reported cases of malaria. Subsequently, they treat the patient. [Excerpts] [La Paz PRESENCIA in Spanish 9 Oct 82 p 9] 8568

CSO: 5400/2011

BRAZIL

NATIONWIDE INCIDENCE OF MALARIA, CHAGAS' DISEASE, TUBERCULOSIS ASSESSED

Rio de Janeiro O GLOBO in Portuguese 30 September 82 p 14

[Text] The incidence of malaria in Brazil increased by 305 percent between 1974 and 1981, the secretary-general of the Rio de Janeiro Infectious Diseases Society, Celso Ferreira Ramos Filho, reported during the First Brazilian Congress of Medical Bodies, which ended in Rio yesterday. He noted that 65,000 cases were reported in the country in 1974, while there were 50,000 in the first quarter of this year alone.

Celso Ramos Filho reported that the incidence of malaria has increased throughout the world. In 1972, the World Health Organization reported 3,250,000 cases, excluding Africa, while there were 8,200,000 in 1980.

Death Rate

According to Celso Ramos Filho, the geographic area in which malaria is occurring is shrinking, with greater concentration in the legal region of Amazonia (Amazonas, Para, Acre, Rondonia, Rio Branco, Amapa, Mato Grosso and North Goias) and parts of Piauí, Bahia, Santa Catarina and Mato Grosso do Sul. Between 90 and 95 percent of the cases occur in the PP [expansion unknown]. However, many Brazilian citizens travel to the Amazon region, where they contract malaria, while the disease develops when they return to other areas where it does not normally occur. This is a serious problem, because doctors there do not think of malaria. While in the areas of transmission the mortality rate is estimated at 1 percent, it is 5 percent elsewhere.

Chagas' Disease

At least 8 million Brazilians suffer from the chronic form of Chagas' disease, Eduardo Arguilles, a professor of cardiology at the Federal University of Rio de Janeiro, said yesterday. He was the coordinator of a round table on this disease held at the First Brazilian Congress of Medical Bodies. He explained that there are no statistics on the number of acute cases of Chagas' disease, because it is difficult to diagnose in this phase, "particularly since it occurs in cold regions where medical aid, and as a result an assessment of the situation, is lacking."

"Chagas' disease is an illness found in poor areas lacking health and sanitation provisions in the underdeveloped countries. It is not necessarily a

result of the lack of money. In Brazil, for example, there is no lack of resources for the construction of large factories," he said.

The major endemic areas in Brazil are in Bahia, Minas Gerais and Goias. There are also endemic areas, but of lesser size, in Pernambuco, Ceara, Piaui, Alagoas, Sao Paulo and Rio Grande do Sul, in this case due to the proximity of Argentina. According to this physician, Rio does not constitute an endemic region, although there are patients there who have the chronic form of the disease and are carriers.

"In Rio, the carrier, the bedbug or Barber bug, is found in wooded regions where there is practically no human population. Therefore, we find more chronic Chagas' disease patients here, mainly infected migrants."

The doctor said that the disease has already been eliminated in some parts of Sao Paulo, but he pointed to "the limited interest of cardiologists in studies in nonendemic areas" as the reason it has not been eliminated in other sectors. Arguilles said that this is probably the result "of the weakness of capitalist medicine, because this disease attacks the low income sector."

"Few cardiologists are familiar with the treatment for the disease," he said. "This should not occur, because this is a typically Brazilian disease."

In his view, if the population in the rural areas with a low economic standard had proper housing conditions and if an effective campaign against the carrier were waged, Chagas' disease would not exist. The patient, he said, can be treated, but the lesions can at best be arrested. In its acute stage (shortly after transmission), the disease is imperceptible, but it basically attacks the digestive system and the heart.

Tuberculosis

The director of the National Pneumological Health Division, Germano Gerhardt, reported during the First Brazilian Congress of Medical Bodies that there are about 5,000 departments in Brazil which diagnose and treat tuberculosis. Thanks to these departments, he said, 85 percent of the suspected cases of tuberculosis are being diagnosed, whereas in 1970, the level was only 50 percent.

Germano Gerhardt also noted that more are being cured. Between 1970 and 1973, 55 percent of the 250,000 cases were cured, while last year, the level reached 80 to 90 percent. He also stressed that the treatment, which formerly took a year, now takes only 6 months.

According to the director of the National Pneumological Health Division, 86,000 new cases of tuberculosis were reported last year. He regards this number as high, but in relative terms, it matches that in a developing country.

"Historically tuberculosis has always been a serious problem in Brazil, worst in the North and the Northeast, where the population is poorer."

On the subject of the vaccination campaign, he reported that 46 million children up to 15 years of age were vaccinated between 1973 and 1981, resulting in a reduction of 80 percent, in Sao Paulo for example, in the incidence of the more serious forms of tuberculosis.

5157

CSO: 5400/2012

BRAZIL

SURVEY SHOWS 10,000 DIED FROM MALNUTRITION IN 1980

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 10 Oct 82 p 23

[Text] Brasilia--In 1980, at least 10,873 individuals died of malnutrition, death certificates show, and of this total 9,100 were children under 5 years of age. Moreover, these figures include only the cases in which the lack of adequate nutrition appeared as the basic cause of death, whereas it must be assumed that 50 percent of the deaths from infectious diseases, at a minimum, had malnutrition as a related cause. In 1980, at least 67,911 deaths resulting from infectious disease were reported, 33,955 of them because the patients were undernourished.

This survey of the causes of death is being made by the Ministry of Health, and it shows that two-thirds of the deaths occurring in 1980, totaling 572,007, 45,581 of them representing children under 5 years of age, were caused by infectious diseases, mainly because the patients were undernourished. Moreover, according to a study reported by the president of the National Food and Nutrition Institute (INAN), Bertoldo Kruse Grande de Arruda, about 30 percent of the admissions to the welfare hospital network are children under 2 years of age, in whom malnutrition is almost always present as the main or a related cause of hospitalization.

The incidence of protein-energy malnutrition among Brazilian citizens, Bertoldo Kruse said, is very high. The indices show that more than 50 percent of the low income population suffers from such a deficiency to some degree, resulting in not only physical but also mental problems, ranging from weight loss and short stature to mental deficiency.

Nutritional anemia involving an iron deficiency, vitamin A deficiency, endemic goiter and dental caries are the specific so-called nutritional lacks which affect the undernourished Brazilian citizen. Except for protein-caloric malnutrition, nutritional anemia is the deficiency which causes the maternal-infant group the greatest organic damage, contributing to an increase in the death rate for mothers and babies as well as reducing worker productivity. Vitamin A deficiency, although it has not been very prevalent, according to the report of Jose Carlos Valente, an adviser to the office of the president of the INAN, is a serious concern because of the damage it can do, for example causing blindness in children up to 6 years of age, as well as being related to resistance to infection and protection of the epidermis.

In connection with endemic goiter, the main characteristic of which is an increase in the size of the thyroid gland, the greatest concern has to do with pregnant women, because when they suffer from this disease they can transmit such problems as mental deficiency and deafness-muteness to their children. According to INAN figures, between 8 and 10 million individuals suffer from endemic goiter in Brazil, wherein 90 percent of the population has dental caries.

The responsibility of the government for meeting the nutritional needs of the undernourished population is reflected in five programs, which are currently serving a population totaling nearly 20 million. They are the Nutritional Health Program (PNS), the Food Supplement Program (PCA), the School Nutrition Program (PNAE), the Worker Nutrition Program (PAT) and the Program for the Basic Supply of Low Income Areas (PROAB).

The PNS, which is implemented by the Ministry of Health through the INAN, which works in cooperation with the state secretariats of health, is currently serving a population of 2.5 million, including nursing mothers, pregnant women and children. Its costs for this year are to be covered by the 7.5 billion cruzeiros received from the FINSOCIAL. Even so, Jose Carlos Valente says, it is likely to benefit only 40 percent of the needy population.

The PROAB, a system for marketing subsidized foodstuffs in the areas surrounding the capitals through the ordinary network of retail sales outlets, is also implemented by the Ministry of Health. It is currently functioning in four cities, and is now to be expanded to the whole of the North, Northeast and Center-West, the priority regions for the program, which is for the time being serving a population of only 500,000, but is to be quadrupled in terms of the clientele served today.

In addition to these two programs, the PNAE will also have increased coverage this year, from a total of 15 million school children to 17 million. The other programs serve population sectors as follows: for the PAT a million workers; and for the PCA, which is coordinated by the Brazilian Welfare Legion, 350,000 needy persons.

5157

CSO: 5400/2012

BRAZIL

BRIEFS

MALARIA IN RONDONIA--Porto Alegre--The settlers brought to Ariquemes, in Rondonia, by the INCRA [National Land Reform and Settlement Institute] for settlement projects which began 6 years ago "are dying of malaria," Pastor Hans Trein reported yesterday during the 13th General Council of the Lutheran Evangelical Church in Brazil held in Hamburgo Velho, 35 kilometers from Porto Alegre. He also charged the government with "inefficiency in combating the disease." The "desperate situation" in which the settlers in the municipality of Ariquemes live was denounced by Trein in the report he presented on the pastoral activities carried out in the new settlement areas, covering states in the North and Center-West regions of the country. According to the pastor, 80 percent of the 70,000 inhabitants in this locality suffer from malaria, and half of them can no longer be treated for it with the common medications, such as Cloroquin and Sansidar, to which their disease has developed a resistance. Pastor Trein also quoted the estimates of the doctors practicing in the region themselves, who say that malaria will cause many more further deaths in the municipality's new settlement projects. There is only one hospital with 20 beds in Ariquemes, he said, but 80 patients are hospitalized there daily. He further denounced the fact that the common medicines for the treatment of malaria have become unavailable, and that there is a "black market" being run by the pharmacies which still have these medicines available, which "increase the prices absurdly and exploit the sick people." The pastor stressed that "many settlers have already sold the 100 hectares they owned, because they spent everything they had and can no longer work because of malaria." [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 22 Oct 82 p 23] 5157

PLAGUE IN CEARA--Fortaleza--Ten more cases of bubonic plague (none of them fatal) have been reported in Ceara, including seven in the Baturite Massif and three in the Iaiapaba Range, in the northern zone. This report was released by the Superintendency for Public Health Campaigns (SUCAM). The report added, however, that the people in these regions need not be alarmed, since the Ministry of Health agency has begun implementation of a program designed to control any possible outbreak. About 500 health workers are covering 70 municipalities in Ceara, particularly those where a center of the disease has developed, due to the very poor sanitary and hygienic facilities their inhabitants have. The SUCAM also announced that its programs in the state for combating malaria, yellow fever, trachoma, Chagas' disease, schistosomiasis and leishmaniasis have been reactivated. This was made possible thanks to the allocation of federal resources, which will allow preventive efforts to continue until September. [Text] [Rio de Janeiro O GLOBO in Portuguese 15 Oct 82 p 6] 5157

GUATEMALA

BRIEFS

CHICKEN POX OUTBREAK--The children of Zone 18 have been afflicted. The minister reports that there is no vaccine for that disease and recommends the use of aspirin. More than 800 children have been afflicted by an outbreak of chicken pox in various settlements of Zone 18, according to residents of the sector. They added that the disease is spreading to all of the settlements. Hundreds of children have not been able to take their final examinations because of that situation, which worries their parents. They say that even though the disease is benign, it is preoccupying, because many children might not be promoted. They therefore have asked the health minister to take measures to counter the disease and they further have asked the minister of education to instruct schools to provide additional opportunities to the afflicted children. On being consulted regarding this matter, Minister of Health Dr Adolfo Castaneda Felice said that "there is no vaccine against chicken pox." He recommended that parents give aspirin to sick children in order to prevent the itching that is caused by the postules that appear on the skin. [Text] [Guatemala PRENSA LIBRE in Spanish 21 Oct 82 p 2] 8255

CSO: 5400/2018

DISEASES AFFECTING MORTALITY RATE SINGLED OUT

Bissau NO PINTCHA in Portuguese 2 Oct 82 p 8

[Excerpts] "One of the things I learned best from the Cuban doctors in our hospitals," said the secretary of health and social affairs, Comrade Paulo Carlos Medina, the day before yesterday at the Hospital Simao Mendes, "is proof of their devotion to work and love for the sick. They showed that when one wants to work it can be done normally, and there is no need for sophisticated means or modern techniques to care for our people's basic needs.

On this occasion, the director of health was speaking at the closing of the Scientific Medical Assembly, annually promoted by a Cuban medical corps in our country's service. According to the medical mission head, this Fifth Assembly, as did the previous ones, enabled them to introduce some experiences acquired in the 2-year daily work span and their enrichment with the standards of all those participating in it.

The Cuban specialists who convened this assembly under the slogan "To be internationalist is to pay our own debt to humanity" --Fidel Castro's words-- presented 15 important reports outlining a general picture of the health operation, particularly in matters relating to medical assistance to the populace with greater incidence on their direct experiences with services rendered to zones with which they are more closely connected.

Singled out as foremost among the main causes of patient mortality were malaria and pulmonary infections (pneumonia), and in second place, hepatitis, tuberculosis, cerebrovascular diseases, hepatomas and nephropathies connected with kidney complications. The doctors assembled there also voiced their concern regarding what they considered the "nonexistence of a uniform methodology for the express use of medical boards for well-defined services." They therefore submitted recommendations aimed at revising this methodology and changing the machinery associated with the evacuation of the sick.

On closing the medical meeting, the secretary general of health expressed his pleasure with the very valuable data and experiences presented and, secondly, his concern for some alarming numbers which alert us to the situation of the Medical Board, the maternity mortality rate and the causes of schistosomiasis which, in their opinion, are inclined to increase with the growing number of agricultural dams in the country. They should, therefore, appeal to national public opinion regarding a cause which belongs not only to the Health Department but above all to the country itself.

BRIEFS

TETANUS DEATH REPORTED--Oct. 12. A woman died today of tetanus at the General Hospital here, five days after she underwent surgery at the Government Hospital for Women and Children, Egmore. Sharada Parthasarathy (42), a staff nurse at the Kilpauk Mental Hospital, was the second tetanus victim at the Women and Children Hospital in the past few weeks. Enquiries show that there have been periodic visitations of tetanus at this hospital, despite the operation theatres being shut down and sterilised after each death. An expert committee probed the problem recently. The latest victim was admitted to the hospital two months ago for hypertension and diabetes. She underwent hysterectomy (removal of the uterus) for which she was administered tetanus toxoid injection prior to the operation. Medical sources suspect the quality of the anti-tetanus injection, doses of which are believed to be the cause of three women in Thanjavur delivering still-born babies a few days ago. [Text] [Madras THE HINDU in English 13 Oct 82 p 1]

ENCEPHALITIS IN BENGAL--Calcutta, October 13: The West Bengal government today sent an SOS to the Centre requesting immediate arrangements for 20,000 ampoules of Japanese vaccine to treat encephalitis cases, the number of which is steadily mounting in four south Bengal districts. This has to be obtained through the good offices of the Japanese embassy in Delhi. The state health minister, Mr. Ram Narayan Goswami, told newsmen that the department had now about 10,000 ampoules of the vaccine in stock and there was need to replenish the stock. Although the incidence of encephalitis appeared to have been contained in Midnapore, especially in the Kharagpur area, it was spreading to more areas in Burdwan district, which accounted for 109 of a total of 208 deaths recorded so far. [Bombay THE TIMES OF INDIA in English 14 Oct 82 p 7]

MIDNAPORE ENCEPHALITIS CASES--Oct. 14--Cases of encephalitis have been reported from the Kespur area. One died of the disease at Kanchantola village, in the area, yesterday, according to official sources here today. With this, the encephalitis toll in the district rises to 19. Three people died of gastro-enteritis of Gaighata and Kalaberia villages, in the same area, during the past three days, the sources added. Preventive steps have been taken. [Text] [Calcutta THE STATESMAN in English 15 Oct 82 p 3]

ENCEPHALITIS DEATH TOLL--The State Government is expecting the arrival of 20,000 ampoules of the encephalitis vaccine from Japan by Tuesday, Mr. Ramnarayan Goswamy, Minister of State for Health, said in Calcutta on

Monday. Till now, the death toll has been 282. According to the Minister, of the 377 people affected in Burdwan, 149 died; in Birbhum of 112 cases, 28 died; in Bankura, 77 people died out of 115 and in Midnapore the death toll was 28 out of 82 attacks. Mr Goswami said that the Chief Minister would meet all the Chief Medical Officers of the affected districts on Wednesday and discuss the precautionary measures. A conference with the experts on virology would be held in Calcutta after the Pujas. Meanwhile, melatheaon spray was in short supply and the State Government had asked the Centre to allow the Maharashtra Government to send about one ton of the spray to West Bengal. [Text] [Calcutta THE STATESMAN in English 19 Oct 82 p 3]

CSO: 5400/7034/7035/7036/7037

BRIEFS

INCREASED INCIDENCE OF SPOTTED FEVER--Since it was first discovered in lab tests 10 years ago, spotted fever transmitted to man by dog ticks has increased significantly, according to data released by the Ministry of Health. Early diagnosis allows treatment with antibiotics and saving human life. Veterinarians explained yesterday that dog owners must use tick powder regularly to keep their dogs tick free. The disease has spread because of the increase of the number of dogs. In 1972 the disease affected 75 people, in 1974--161, in 1976--279, in 1978--340 and in 1980--396. In 1972 there were two fatalities as a result of spotted fever, in 1978--three, and in 1979--four. There were no fatalities reported in 1980-81. This year during the past 3 months three fatalities were recorded. Only in one case the disease was diagnosed in the lab. The central lab of the Biological Institute in Nes Tziona reported yesterday that many people have contracted this disease, but early detection allows treatment with an effective drug, and there is no reason for panic. [Text] [Tel Aviv MA'ARIV in Hebrew 13 Oct 82 p 16] 9565

CSO: 5400/4502

NICARAGUA

BRIEFS

MALARIA OUTBREAK IN NORTH--The Ministry of Health, through its Region No 1, began a massive 90-day anti-malaria campaign in the city of Esteli, according to Dr Enrique Medina, Assistant Director of the area's Preventive Medicine Service. He said that the blood tests resulted in an index of 7.17 percent, equivalent to 140 monthly cases of malaria. The usual, controlled index is 0.6 percent. He stated that this condition has obliged the regional health service to take these steps. He added that the city's high malaria index is due to the inability of ACEM (Central Malaria Eradication Area) to follow up on medication and to control the disease. In addition, the increase in malaria cases is due to the illegal entry into the country of persons who are carriers of the disease. He said that some 400 health staff members and a great many others, as well as employees of the Esteli Health Department are participating in this mobilization. He added that, in addition to providing medication, the mass organizations are detecting cases of those with fever and sending them to vaccination centers. Another task assigned to these colleagues is the elimination of mosquito breeding places and the promotion of spraying within homes. He also said that the MINSA [Health Ministry] is not making additional investments in this new mobilization because it has the necessary resources. At present the country as a whole has 4 million of hydrochloroquine and 2 1/2 million of primaquine. With regard to another matter, Dr Medina said that this 5 October a second anti-tetanus dose will be administered in Esteli to housewives and household workers. He said that on 31 August 5,782 women were given a first dose. He added that this activity is being carried out by the MINSA, with the cooperation of AMNLAE [Association of Nicaraguan Women Luisa Amanda Espinosa]. The doctor said, "Thus housewives, who are the ones who are most exposed to tetanus, will be protected, and at the same time neonatal tetanus will be prevented; since of the 10 cases reported in Region No 1, 7 originated within housewives and 3 in newborn babies. No deaths were recorded from among these cases." [Text] [Managua BARRICADA in Spanish 24 Sep 82 p 6] 8255

MALARIA OUTBREAK IN ESTELI--Chinandega--Maximo Mendoza, Chief of Zone 1 of ACEM [Central Malaria Eradication Area] in the department of Chinandega, reported that there are intense attacks of malaria in the northern towns of this department, especially among the rural population. He added that in Somotillo, Villanueva, and the rest of the towns the percentage of those attacked by the malaria vector fluctuates between 15 and 25 percent. This incidence has become increasingly positive in the past 3 months when malaria has been slowly developing, said Mendoza, who told us that of the 7,900 samples that were taken in these 3 months 1,200 cases were ascertained to be positive. All of these sick people, and their families, are receiving hydrochloroquine and primaquine. In the past 8 months 16,282 samples were taken, and 2,465 sick persons turned out to be sick with this disease. He concluded by saying that by next October additional treatment will be provided in the above mentioned area. [Text]

[Managua EL NUEVO DIARIO in Spanish 3 Oct 82 p 4] 8255

CSO: 5400/2015

EFFORTS TO IMPROVE RURAL HEALTH CAMPAIGNS URGED

Conference Held

Beijing RENMIN RIBAO in Chinese 26 Sep 82 p 3

[Text] A National Patriotic Public Health Movement Field Conference, called by the Central Patriotic Public Health Movement Committee, was recently held in Jincheng County of Shanxi Province. The conference demanded that under the new situation, the national rural patriotic public health movement must be raised to a new level to produce new contributions to the construction of spiritual civilization of socialism. Jincheng County of Shanxi Province is nationally famous for its advances in public health. In recent years, especially since the start of the decorum and courtesy month movement in March of this year, the county has an all new clean look. Participants of the conference included more than 100 delegates representing the patriotic public health committees and offices of all the provinces, cities and autonomous regions of the country. They listened to delegates of Jincheng County and the East Siyi Brigade of that county explaining their experience in the movement and then proceeded with onsite observation. Wherever the delegates went, they saw a prosperous scene of new villages of socialist civilization. There are rows and rows of newly constructed and renovated farm dwellings, situated in groves of trees. Waterworks and supply pipes are installed in the village. Inside and outside the courtyards, all the residences are clean and orderly. Flowers are freshly blooming in the yard and send forth a pleasing fragrance. The toilets, pig sties, chicken coops, and rabbit hutches have all been improved and are sanitary as well as useable. The changed condition of public hygiene has also reduced the incidence of diseases in rural villages and protected the health of people and animals, and at the same time the change has also promoted improvement in the spirit of the people and the customs of the society. In this region, the adults and the children are civilized and courteous and many culture centers have emerged.

The patriotic public health movement experience of Jincheng County profoundly inspired the delegates. They all believed that under the new situation, the patriotic public health movement cannot remain on the level of sweeping and cleaning the streets and courtyards. It must be made into an important part of constructing spiritual civilization, just as it has been practiced in Jincheng County. Combined with reconstruction of the towns and villages, the movement must involve overall and comprehensive treatment to change the hygiene condition of urban and rural areas.

At the conference, Cui Yueli [1508 2588 3680], the deputy chairman of the Central Patriotic Public Health Movement Committee and the minister of public health asked all local areas to extend the experience of Jincheng County in accordance with local conditions. He said, at present a new phase has appeared in the rural patriotic public health movement. In the country, close to 300 million farmers are now drinking relatively clean and germ-free water; a large number of public toilets and pig sties have been reconstructed; the number of marsh gas tanks have been increased to 7 million and about 20 million rural people are using marsh gas. In some regions, a group of civilized healthy new villages have also emerged. The public health condition in rural villages has improved; the incidence of infectious diseases and endemic diseases has decreased; and the level of health of the people has improved.

Cui Yueli pointed out that in the future the patriotic public health movement must be carried on to meet the needs of development in new situations. In combination with the production responsibility system, public health work may also be divided up and performed separately by individuals. The patriotic public health movement should be carried out as an important affair for the construction of spiritual civilization. The new typical experience, appearing after the practice of the production responsibility system in rural villages should be seriously summarized and extended to bring the patriotic public health movement to a new level. The work must be based on reality to seek actual benefits. The emphasis should remain on improving the water, managing sewage, and reconstructing the environment. At the same time, the management of food sanitation in rural markets should continue to be strengthened. Basic hygienic construction should be included in the rural construction plan to build sanitary facilities. Knowledge of health science should be popularized to improve the masses' move of cleanliness and conscientiousness about sanitation. The rural middle schools and elementary schools should have courses on public health so that the young may develop good hygiene habits. The research results of public health science should be summarized, certified and extended.

Cui Yueli hoped that those who are in the patriotic public health movement work will seriously implement the party's 12 great spirits [principles]. In their overall task of realizing the new historical era, all party members and people of the country should push the rural patriotic public health movement forward to a new stage to strive for the emergence of more advanced counties and communes in the field of public health.

Tentative Proposals

Beijing RENMIN RIBAO in Chinese 26 Sep 82 p 3

[Article by Guo Shaowen [6751 4801 2429] CPC Jincheng County Committee secretary, Shanxi Province; and Yan Zhixian [7051 1807 0341], chief executive, Jincheng County People's Government]

[Text] The way to develop the rural patriotic public health movement further under the new situation is indeed an important problem of rural construction. We are here to make some tentative proposals to invite all to study the problem.

First, With the Increase of Income of Commune Members and the Improved Standard of Living, the Emphasis in the Movement Should Turn Toward the Control of Basic Problems.

After the Third Plenary Session of the 11th Party Congress, the income of commune members increased and the standard of living rose. New requirements in public health work have also been presented. Some old methods of developing the patriotic public health movement appear boring. They say: "Dusting, sweeping, washing, painting, take care of the surface and not the basics. It is a short-lived assault every year. After this, things get dirty again to wait for the short-lived assault of next year. When is this going to end?" With this situation in mind, in the past several years, especially since the development of the all-people decorum and courtesy month, we have emphasized taking care of the basics. We talk of results in making positive change in the public health condition. Some fundamental work must be done. We cannot stay at the initial level. Guided by this idea, some basic construction projects to improve public health conditions got started according to the actual situation of towns and rural areas of the entire county. According to rough statistics, in 6 months, more than 12,000 wastewater pits in the county were filled and leveled; 1,580 ditches were repaired or dug, more than 3 million square meters of streets and sidewalks were laid out and surfaced. The 6 large streets, 13 large roads, and 72 small roads within the county seat were all surfaced with tar, cement, refractories, or bricks and the major streets of many towns were also surfaced with concrete, bricks, or stones. Basically, now "you do not see dust in a windstorm or mud in a rain." The roads are clean and sanitary as well as convenient for travel. At the same time, there were also projects of afforestation, beautification, and deodorization. More than 2.7 million trees were planted in the county; nearly 100,000 flower beds, ponds, and plots were built. More than 410 brigades of the total 692 now have new streets and new residential sections meeting public health requirements. The sanitation of towns and rural areas of the entire county is obviously improved.

Second, based upon the new condition of development of commune-brigade enterprises and increased number of domestic fowls and animals, and changes in the manner of feeding and management, the management of sewer and drinking water is emphasized.

Since the Third Plenary Session of the 11th Party Congress, the other outstanding change in rural villages is the rapid development of diversified operation of agriculture and commune and brigade enterprises. The rapid industrial development of communes and brigades has caused the problem of environmental pollution to begin to appear in rural villages, and the pollution of water is especially serious. This is a new situation. The other new situation is the fact that due to the development of diversification, the number of domestic fowls and animals are greatly increased. At the same time, in communes and brigades where the contract responsibility system is implemented, some large animals are no longer raised collectively. When large animals are scattered, chances of environmental and water pollution by animal manure are also greatly increased. Based upon these new situations, in the process of developing the rural patriotic public health movement, we emphasized water and manure management. First, in order to improve the management of drinking water, measures were adopted for filtering, clarifying, and disinfecting all streams, ponds, and tanks where drinking water was obtained. Improvements were added to all 2,143 drinking water wells of the

county so that all wells have covers, platforms, sheds, special water buckets, and drainage ditches. The collectives and masses were encouraged to build simple public water supply systems themselves. Such water systems now supply the drinking water of 412 villages out of a total of 1,354 villages of the county for more than 240,000 people, amounting to 42 percent of the total population of the county. In some of these villages, water pipes are connected directly to the home of every household. In terms of manure management, improvements were made to public toilets and animal sheds. More than 90 percent of the 110,000 public toilets in the county have been improved and more than 50 percent of the improved ones meet the high standard. Two-thirds of the more than 100,000 pig sties have been improved and all the chicken and rabbit coops have been renovated and repaired. In the improved pig sties, the pigs eat, live and defecate in three separate places. The chicken and rabbit coops have mostly been rebuilt into three stories one each for eating, living and laying eggs or giving birth. Where animals are raised by the households, as much as possible the original sheds of the collective are used to encourage voluntary cooperation and taking turns in doing the work. Such rules are also applied in the newly built animal sheds, which are built a distance away from the residences and the sources of drinking water. In this manner, pollution of the water and the environment from manure has been greatly reduced, and conditions for the multiplication of mosquitoes and flies are greatly reduced also. The number of pests dropped considerably in the county and there are now 150-plus villages and towns which basically have no mosquitoes, flies, bedbugs, or rodents.

Third, suitable changes were introduced in the organization and concrete management of the patriotic public health movement to adapt to the new situation following the extension of the production responsibility system in rural villages.

I. Practice a system of contract responsibility of sanitation: With respect to all production teams practicing the "double contract" responsibility system, with production, taxation, [state] purchase, and percentage of retention by the team fixed through contracts, the contents and requirements of sanitation are also included in the contracts. With respect to production teams practicing other forms of production systems, definite tasks concerning public health must also be performed according to conditions. The concrete methods include the following: (1) Aside from the use of capital and technical capability of the collective body to take care of public places, the task should be assigned to the workers of the households to be completed within a designated period. There should be a concentration of efforts and time to complete the task in the manner of an all-out assault. The amount of workdays for each commune-member should be determined according to the rule of labor contribution of the brigade or production team and the members should be thus organized by the collective body to proceed with the task in a unified manner. (2) Such items of construction or treatment as improving the members' residential dwellings, the public toilets, and the pig sties that are suitably performed separately should be carried out under a unified plan and with a unified quality standard. The work may be carried out separately but there should be a schedule for inspection and acceptance to judge the quality of performance and to proceed with awards or punishment.

II. Establish specialty groups and households: At present, there are 19,240 specialty households practicing a responsibility system for special tasks. These households are under contract to perform definite production tasks with specific hygienic indices and requirements. Awards and penalties are determined in terms of hygienic standards the same as in terms of production responsibilities. In some towns and brigades, cleanliness and hygiene specialty teams or specialty groups are also organized to be responsible for cleaning and sweeping public places, for maintenance and repair of public sanitation facilities, and for monitoring the sanitary condition of residences of commune members.

6248

CSO: 5400/4101

PUBLIC HEALTH ORGANIZATIONS GIVE ON JOB TRAINING

Beijing JIANKANG BAO in Chinese 16 Sep 82 p 1

[Text] The public health system of the nation has conducted various types of in-service advanced training courses for more than 800,000 of its workers in the past 3 years, including leadership cadres of public health departments of various ranks as well as key members of first line medical sciences.

Since the Third Plenary Session of the 11th Party Congress, with the advancement of medical and public health fields, the Ministry of Public Health and the provinces, cities and autonomous regions have been giving more attention to intellectual investment in the public health system. In these 3 years, the Ministry of Public Health has appropriated about 2 million yuan a year from the reserve fund to conduct the advanced training courses while the local jurisdictions provided a total of 40 million yuan. In the country, 20 provincial level cadre advanced training academies have either been restored or newly established, and in addition, there are 80 prefecture level public health cadre advanced training schools and 1,165 county public health cadre advanced training schools. At the same time, the various public health organizations have been encouraged to establish thousands of advanced training points to help form an advanced training network for public health personnel.

According to incomplete statistics, those who have benefited from the training program during these 3 years have amounted to 23 percent of the total number of the work force in the public health system. There are more than 1,000 training classes in the country conducted directly by the Ministry of Public Health, and more than 18,000 persons have undergone training in these classes. According to the statistics of 26 provinces, cities and autonomous regions, more than 7,500 persons have gone through various types of public health personnel advanced training classes last year alone, in addition to the 28,000 management cadres and 371,000 key technicians. Through these training classes, the public health administrative management cadres of various ranks of the provinces, cities and autonomous regions learn public health management knowledge to improve their level of planning, organization and management. For example, when those of Heilongjiang Province who participates in the national management cadre advanced training course returned to their own province, they proceeded to extend the experience of management cadre training in the province. From February to July of this year, the management training course has been conducted six times in

Heilongjiang and all the leadership cadres of the public health system of the prefectures, (cities), and counties of the province have taken one turn in training. The training has promoted public health planning work in the province, causing the planning work to be established on a foundation of a systematic analysis of the local condition of dwellings, drinking water supply, and transportation, as well as the social, political, economic, demographic, and health situations. The scientific characteristic and feasibility of the plan are thus improved to make it a good basis for the development of the locality's public health affairs.

The national public health system has also selected some specialized hospitals with relatively good conditions as the bases for advanced training of specialized personnel and launched various types of specialty training courses. In these years, a large group of specialists have been trained to coordinate with laboratory technicians of hospitals of various ranks. Many of those who have undergone advanced training courses have become pioneers in a major technique or in their local scientific work, raising the [word indistinct] standard of the locality or unit. For example, the Beijing College of Medicine No 2 Xuanwu Hospital, which is good in treating diseases of the nervous system, trained a neurosurgeon for the Zhidan County Hospital of Yanan Prefecture. After the neurosurgeon returned from training, he quickly developed the field of neurosurgery to fill the technological blank of Yanan Prefecture. The Tianjin People's Hospital and Beijing Jishuitan Hospital, nationally famous for treating bone diseases, trained specialists for local hospitals all over the country and the majority of these have become pioneers of the field in their own locality. The Shanghai Zhongshan Hospital conducted training classes in chest surgery to train a core staff of chest surgeons for 29 provinces, cities and autonomous regions of the country.

6248

CSO: 5400/4101

EMPHASIS ON PREVENTION, CONTROL OF ENDEMIC DISEASES URGED

Conference Held

Chengdu SICHUAN RIBAO in Chinese 30 Aug 82 p 3

[Article by Liu Decheng [0498 1795 2052]

[Text] On 16-19 August, the provincial committee called an expanded conference of the leadership group for the prevention of endemic diseases of the province. Participants included those of the party and the government in charge of the various cities, prefectures, etc., and those in charge of cultural offices and public health bureaus. They learned with seriousness the spirit of the leadership team for the prevention and control of endemic diseases of the CPC, exchanged work experience, and studied and discussed the 1983-85 Endemic Diseases Prevention and Control Plan (draft) of the province. Yang Xizong [2799 2649 4844] head of the Endemic Diseases Prevention and Control Leadership Team of the provincial committee and the deputy secretary of the provincial committee attended the conference and delivered a summation speech.

The Province of Sichuan now has 11 endemic diseases in the north and the south to threaten seriously the health of the masses. Through many years of diligent efforts some accomplishments have been obtained for their prevention and control. To date, schistosomiasis has been basically eliminated from 12 counties and filariasis basically from 3 counties. Some achievements have also been gained in the work of preventing and controlling the other diseases and at the same time relatively rich experiences have also been accumulated. A group of persons devoting their lives to the work of preventing and controlling endemic diseases have emerged. Due to the fact that the province has many types of severe endemic diseases which affect large areas, some are not yet understood in terms of their conditions and pathogenesis. In some localities, the measures have not been effectively carried out. Furthermore, the province has been rather late in starting prevention and control of endemic diseases of the north and has fallen behind many other provinces in manpower, techniques, as well as the rate of progress. Those attending the conference believed that this backward condition is incompatible with the good condition of the rural villages of the province. There should be sufficient attention in this respect. The conference pointed out emphatically that the job of prevention and control of endemic diseases in the province is extremely difficult but crucial. The key to good job performance rests in strengthening party leadership. The party

committees and governments of all levels must include this job in their daily agenda as an important aspect of constructing the spiritual civilization. There should be periodical discussions and studies and related departments should continue to regard the job as their own responsibility. They should voluntarily take on tasks and coordinate with one another to resolve actual problems. They should establish the idea of this as a long-term struggle to insist upon performing prevention and control work on a regular basis in order to solidify the results and prevent recurrence. In his summation speech, Yang Xizong emphasized that "First, the leaders of the party and the government of all levels should recognize fully the importance of the work of preventing and controlling endemic diseases. There should be a high degree of political responsibility concerning the sufferings of the people of the affected areas. They must never look upon this light heartedly or apathetically. The leaders and those engaged in the work of preventing and controlling endemic diseases should resolve to help the masses in the affected areas to remove the root of the diseases, to get rid of the root of poverty and to plant the root of abundance.

Second, all prefectures, counties, and communes should make arrangements, requirements, etc., on the basis of this conference and through surveys and research to formulate preliminary prevention and control plans that are feasible and correspond with reality. Based upon the reality of each locality, the prevention and control work should be performed with points of emphasis and orderly steps which clarify the condition and pathogenesis of the diseases. Third, a prevention and control specialty team that is tough and unrelenting should be established in every level throughout the province and it should be integrated with mass prevention and mass control so as gradually to establish and perfect a system of responsibility for the prevention and control specialty team in terms of "fixed task, guaranteed completion, and bonus awards." Fourth, effectively strengthened leadership: During the first half of this year, the provincial committee studied this task twice. It is hoped that the party committees of all ranks will study and discuss the work of prevention and control of endemic diseases at least more than twice a year. The Endemic Diseases Prevention and Control Leadership Team of all levels should have clear division of labor so that each is responsible for definite tasks. Through meetings, the implementation of all tasks may be actuated to bring about a new era of endemic diseases prevention and control all through the province.

Prevention, Control Suggestions

Chengdu SICHUAN RIBAO in Chinese 30 Aug 82 p 3

[Text] What is essential to do a good job of preventing and controlling endemic diseases? Many years' practice has proved that the work depends on the party, on the masses, on the related departments, and on the specialty prevention and control teams. Of these, the most essential is the leadership of the party; this is the key to good performance in prevention and control work.

In the past, the party committees of various ranks in the province strengthened the guidance work of preventing and controlling endemic diseases and a good deal of experiences were summarized resulting in obvious accomplishments. But, to

this day, there remain some comrades who look upon the prevention and control of endemic diseases as unrelated to the matter of production development which would eliminate poverty and increase wealth. They do not give this work the position it deserves so that the appearance of the affected areas has not changed to any great extent. There are also those comrades who regard endemic diseases as chronic diseases. They are light-hearted about the task because no one dies of these diseases. There are still others who look upon the prevention and control of endemic diseases as the affair of a certain department. Although a leadership team is established, very few activities get started. There are even those who believe a leadership team and an administrative agency are not at all indispensable. They put off establishing them so that for a long time no one is managing the work. All these phenomena are contrary to the demand of the party and the wish of the masses. They should be corrected and overcome.

It must be recognized that the prevention and control of endemic diseases form a glorious struggle to change customs and habits in the process of remaking China. It is an important aspect of constructing the spiritual civilization. When this work is performed well, it becomes a great push for the construction of the material civilization. It is also important for the modernization construction of socialism and revitalization of the nation. At present, Sichuan Province has many endemic diseases, affecting vast areas. The condition of these diseases is grave and the damage is great. The masses wish for the adoption of effective measures so as to get out of the grip of so much suffering. As a member of the Communist Party, especially as a leadership cadre, one should be concerned with the diseases and suffering of the masses and with a heightened sense of political responsibility conduct the work of preventing and controlling endemic diseases well. One should never take the apathetic attitude of casual carelessness. Schistosomiasis, filariasis, and endemic goiter are severe in some areas of the province. After a prolonged struggle, some counties and communes have reached the standard of basic elimination of these diseases. This accomplishment just goes to prove that it is entirely possible to overcome these endemic diseases, yet it cannot be done overnight. A persistent and unyielding struggle is required.

The task facing the leaders of the affected areas includes the important contents of regarding the endemic diseases as the root of poverty and their prevention and control essential for planting the root of wealth to change the face of the village. The task should be listed in the daily agenda. An endemic diseases prevention and control leadership team and the administrative agency should be established to formulate the plan and to implement it. Every year, the task should be seriously carried out at least twice. The work should be arranged and the condition of implementation inspected. Comrades and members of the leadership team in charge of the work should visit areas affected by the diseases to listen to the demands and wishes of the masses, to discover problems in time, and to resolve them.

The heavy task of preventing and controlling endemic diseases can be effective only when it is conducted under the unified leadership of the party committee so that the related departments are coordinated for comprehensive treatment. The departments of light industry, commerce, supply and sales, animal husbandry,

water conservancy, medicine, and public health should look upon the task as their own responsibility, take on the burden voluntarily and do an even better job on the foundation of past achievements. The specialty teams, professional and amateur [those who are separated from production and those who still perform productive labor], form an important force in the prevention and control program. These teams must receive strengthened training to raise their level of political and technical skills so as to improve the quality of prevention and control work. At the same time, various tools of propaganda should be utilized to create public opinion in support of the party's goal and policy. The accomplishments that have been obtained should be publicized and the scientific knowledge of prevention and control and effective measures should be disseminated in order fully to mobilize the masses in the relentless struggle against diseases using their own energy to continuously win new victories.

6248

CSO: 5400/4100

GUANGDONG'S REN ZHONGYI JOINS IN SANITATION DRIVE

OW200224 Beijing XINHUA Domestic Service in Chinese 1705 GMT 16 Oct 82

[Text] Guangzhou, 16 Oct (XINHUA)--More than 10 million young people throughout Guangdong Province today took part in the shock action day activities organized by the Guangdong Provincial CYL Committee for the youth of the province to combat "dirt, disorder and poor services" by stressing cleanliness and sanitation.

Ren Zhongyi, first secretary of the Guangdong Provincial CPC Committee, and other leading members joined the CYL members in shock action day activities at the Dashatou passenger transport station. He told CYL members that, while it is necessary to make a concentrated effort to promote cleanliness and sanitation, such an effort alone is not sufficient. Steps must be taken to institutionalize such an effort and carry out the sanitation drive regularly.

In the southern part of our motherland today, groups of young people are seen holding aloft CYL and team banners and marching into streets, railway stations, wharves, rural market places, villages, and hamlets to help orphans, widows and old folks of households enjoying five guarantees, and dependents of revolutionary martyrs and army men in cleaning up their houses. Inspired by the slogan: "Give magnificent Guangzhou City a new look," 800,000 young people in Guangzhou took part in shock action day activities with groups of primary and middle school students sweeping clear the streets in front of their schools. In Foshan, the city nationally known for its cleanliness, the young people also made a concentrated effort to clean up some sanitation "blind spots."

According to preliminary statistics, the young people throughout the province today cleaned up more than 103,000 public latrines, more than 2,500 railway stations and wharves, more than 2,000 public recreation places, over 6,000 rural market places and more than 1,900 sanitation "blind spots." They have also helped households enjoying five guarantees and dependents of revolutionary martyrs and army men clean up their houses.

CSO: 5400/4111

PEOPLE'S REPUBLIC OF CHINA

REN ZHONGYI GIVES VIEWS ON URBAN SANITATION

HK190830 Guangzhou Guangdong Provincial Service in Mandarin 2350 GMT 18
Oct 82

[Text] On the afternoon of 16 October, Ren Zhongyi, first secretary of the Guangdong Provincial CPC Committee, went to Dashatou to take part in voluntary labor. He visited the Wenming Building in Shamian, and put forward several specific views on the work of keeping Guangzhou clean and tidy.

Comrade Ren Zhongyi said: "In publicizing communist ideology, it is now necessary to give prominence to two points: 1) the attitude toward labor without pay, for example, communist voluntary labor on Saturdays, and 2) the necessity of wholehearted devotion to the public, observance of public morality, taking good care of public property, and upholding public order and public sanitation."

In dealing with the issue of individual sanitation activities and regularization of sanitation work, he said: "It is essential to carry out individual sanitation activities. However, we must pay more attention to doing sanitation work regularly and systematically. Only by doing so can we cultivate habits and establish a custom." He also emphasized: "It is imperative to lay stress on sanitation work in stations, wharves, airports, squares, vital communications lines, and public places.

CSO: 5400/4111

ARTICLE DISCUSSES PREVENTION OF ENTERIC TRACT DISEASES

Tianjin WEISHENG KEPU BAO in Chinese 10 Aug 82 p 1

[Article by Qu Hongjun [1448 7703 6874], chief, Tianjin Municipal Public Health and Epidemic Prevention Station]

[Text] Summer is the season of high incidence of infectious diseases of the intestinal tract. This is due to the form of their transmission. The pathogenic microbes of either bacterial or viral diseases of the intestinal tract spread from the feces of patients or carriers to enter the mouth of others to infect them. This is the so-called "feces-mouth" spread of infection. In the summer, new factors appear in the environment of people that are nonexistent in cold weather (such as rainstorms, large quantity multiplication of flies, etc.) while the living habits of people also undergo some changes (such as eating cold or raw foods). These factors provide the channel for the enteric pathogens to spread feces-to-mouth infection.

The chief method of preventing infectious diseases of the enteric tract is to cut off their channel of transmission; i.e. to secure "the entrance of disease through the mouth."

How is the "entrance of disease through the mouth" to be blocked? Judging from the experience of many years in the prevention of infectious diseases of the intestinal tract, the chief measure is for everyone to carry out the task of "three management and one extermination" with unified and coordinated efforts; i.e. managing wastes, managing water, managing food and beverage, and exterminating flies.

(1) Managing Wastes: If wastes are not managed well, infectious diseases of the enteric tract cannot be reduced. First, everyone must pay attention to public sanitation and not defecate or urinate just anywhere or dump wastewater at random. Sewers must be built and managed in cities and towns to prevent wastewater from spilling out. In the rural villages, night soil must be sealed for high temperature fermentation or marsh gas fermentation. The practice provides good management of wastes and is also beneficial for agricultural production and the livelihood of rural people.

(2) Managing Drinking Water: Infectious diseases occur when the drinking water is not clean. This is a lesson learned many times over from outbreaks of

epidemics of infectious diseases of the enteric tract through water. This is not a big problem for large cities where standard water supply works have been constructed. This is mainly a problem for small towns and rural communes and brigades where stream, pond, tank, or shallow well water is used for drinking. In Tianjin City, many towns have drilled deep wells to supply drinking water in recent years; this is undoubtedly a safety measure in the prevention of enteric infectious diseases. For those villages and brigades that have neither water works or deep wells, the sources of drinking water should be protected against contamination, based upon their individual conditions, and disinfecting drinking water should also be practiced.

(3) Managing Food and Beverage Sanitation: Sanitary foods and beverages are enjoyable and provide people with necessary nutrition. Unsanitary foods and beverages often harm the body through the mouth and even invite diseases. This fact has become common knowledge among the people. In order to accomplish this, the first requirement is that everyone should pay attention to food and drink sanitation. There must be all-out efforts to eat well-cooked food, to drink boiled water, to eat fresh and not rotten foods, and raw melons and vegetables must be washed and disinfected before consuming. In order to have food and beverage sanitation, the various food and beverage industries of all types and levels must shoulder a heavy responsibility of guaranteeing supplies as well as protecting the health of the people. Based upon the individual conditions and characteristics, the food and drink industries must pay attention to the following: (1) Public food and drink utensils must be clean and disinfected; (2) There must be a system for the workers to wash carefully both hands after voiding or doing other chores and before they return to their post, and extend this system to people who sell merchandise and utensils; (3) The workers must have periodical physical examinations and those who have infectious disease or are carriers of bacteria (virus) should temporarily remain away from their jobs; (4) Based upon the actual needs, cold storage equipment should be provided to protect foods from deteriorating or becoming rotten.

There is one more thing to pay attention to in the matter of good sanitation management of food and beverages to prevent infectious diseases of the enteric tract. Some people love banquets, weddings, and birthday parties. There may be several tables and much food, and no refrigeration equipment. The work procedure may not meet requirements of sanitation either. This is why group food poisoning and outbreaks of food type epidemics of infectious diseases of the enteric tract often occur. This is stupidly spending money, suffering trouble, asking for illness, and looking for problems that should not be.

(4) Exterminating Flies: Flies attack unobserved to carry pathogenic bacteria and viruses to people. They are very dangerous; therefore, all factories, enterprises, agencies, schools, and households, i.e. all places where people live, are required to practice environmental sanitation. The cities, towns, and villages should all manage trash and waste well so that flies will not multiply. If flies should emerge, everyone should pitch in to exterminate them. The elimination of a single fly is the equivalent of eliminating an enemy. Fly prevention measures should also not be neglected. All food and beverage establishments should have fly prevention facilities. In the homes,

it is best to store food under a gauze cover. There are ways to control the passage through which "diseases enter the mouth," and these ways are effective. The key is to carry them out. Wherever they are carried out, benefits will occur. The party is very concerned about the livelihood of the people and the leaders and the masses are linked to each other. Leaders of all sectors are expected to pay attention and be concerned with this matter and to lead and mobilize the masses to carry out these measures well.

6248

CSO: 5400/4100

KING KHALID HOSPITAL PROJECT DETAILED

Riyadh AL-RIYADH in Arabic 14 Sep 82 p 4

[Article: "King Khalid Hospital in Jiddah Belongs to the National Guard; Hospital Has 6 Million Square Meters of Floor Space, 500 Beds"]

[Text] The National Guard's King Khalid hospital in Jiddah, which His Majesty King Fahd Ibn 'Abd al-'Aziz will open today, Tuesday, is considered a part of a huge project to develop the medical services in the National Guard. This project's roots were planted and nurtured, and still are, by His Royal Highness, Prince 'Abdullah Ibn 'Abd al-'Aziz, the crown prince, deputy prime minister and head of the National Guard.

On 14 June 1976, his highness signed a contract to build the King Khalid hospital in Jiddah and the King Fahd hospital in Riyadh. A consortium of European health services firms undertook to build the King Khalid hospital in Jiddah, at a cost of SR 2,500,000,000, or the equivalent of \$400,000,000.

This hospital will play a basic role in achieving the National Guard's long-range plans to provide comprehensive and integrated health care for its members and their families and relatives. In the first part of 1981, Prince 'Abdullah Ibn 'Abd al-'Aziz ratified an agreement with the British government to draw up and implement a comprehensive plan to develop medical services in the National Guard, and administer, maintain and operate the King Khalid hospital in Jiddah, and the facilities belonging to it.

Self-Sufficiency

That agreement was signed on behalf of the British government by the British ambassador to the Kingdom, Mr James Craig. Most importantly, it is aimed at achieving for the National Guard, in the near term, integrated treatment and preventive medical services for all members of the National Guard and their families. The agreement is also aimed at providing, teaching and training the Saudi human element, in order to produce skilled cadres of doctors, pharmacists, engineers, technicians, nurses and administrators needed for the project, whether that be done in Britain, or the other European countries, or America, or inside Saudi Arabia, so that the National Guard, within a specific time-frame, will achieve self-sufficiency in terms of qualified human capability.

This plan is the fulfillment of the goals established by the king, his faithful crown prince and his highness, the deputy head of the National Guard.

The Site

The National Guard's King Khalid hospital in Jiddah is located in Umm al-Salam, some 20 km from Jiddah, between the old Jiddah-Mecca railroad line and the high-speed line. This site was chosen because of its proximity to the National Guard's facilities and camps, its central location between Jiddah and Mecca and its proximity to the holy places.

The hospital's facilities are equipped, from the technical point of view, at the highest standards. Its buildings are fully air conditioned, without a recycling of used air. This aids in maintaining health standards. It is equipped with devices to regulate heat and humidity, and changes in their levels, in all areas of the hospital, using positive and negative air pressures, whenever it is necessary to eliminate infection caused by bacteria carried in the air.

There are approximately 500 beds in the hospital for all main medical services, with a floor space of about 90,000 square meters.

The basement floor consists of 30,000 square meters, and contains all the hospital's mechanical services.

The Hospital's Facilities

There is a covered walkway from the entrance gates to the hospital's main door. To the right of the walkway, there are covered areas for senior visitors' cars, which will accommodate 256 vehicles. To the left of the walkway is the mosque, which will accommodate 200 worshippers. To the extreme left is the examination and medical records center.

The main door leads to the main hall, from which a hallway leads to the various services in the hospital. The width of the hallway is 7 meters, and it separates the departments of supply, administrative and support services on the right, and the departments of patient care services on the left.

In the reception hall, whose floor space is about 1140 square meters, there is to the left the office of admissions for out-patients and the admissions office for entering and departing in-patients. Behind the office is the bureau of medical records, whose capacity is considered unlimited, in view of the use of microfilm in maintaining files.

On the right, one finds the area of hospital administration, the telephone central exchange and traffic control, and within the administration area, there is a meeting room and library, with a floor space estimated at about 1035 square meters. When one walks along the main hallway, one finds to the right the following service departments:

Pharmacy

This department distributes the medicine for in and out-patients. The pharmaceutical laboratory is located here, where drugs are produced in accordance with need. The floor space totals 780 square meters.

Laboratory

It was designed to operate both manually and in an automated mode, in terms of chemical analyses, blood analyses, biological and autopsy analyses, as well as bacteriological and forensic analyses. There is also a blood bank, with special equipment for blood donations. The laboratory's floor space is approximately 1350 square meters.

The Morgue and Autopsy Room

It was designed as a completely independent unit, with all the necessary equipment. It accommodates six corpses, and has a floor space of about 520 square meters.

Food Preparation and Distribution Department

This department was designed to provide 500 patient requests, including special meals, as well as providing meals for about 250 employees per shift. There is also a private dining room for senior visitors and officials. The floor space of this department totals about 1866 square meters. This is in addition to another dining room on the top floor for medical services' employees.

Laundry

This laundry was designed to wash the uniforms of patients and hospital employees, by usual methods or by steam. It has a floor space of 805 square meters.

Central Sterilization Department for Surgical and Medical Equipment

It provides all the sterilized materials for all the hospital's departments. Sterilization is done by steam and pressure, in addition to sterilization equipment which is run by gas. This department has a floor space of about 520 square meters.

Main Storeroom

This was designed to accommodate hospital supplies for a 3 month period. Its floor space totals 450 square meters.

The outpatient clinics are located on the left side of the hospital's main hallway, behind the main hall. The following services are located in this department:

Primary Care Clinic

This has four units, each of which has 12 medical examination and consultative rooms, for a total of 48 rooms that can accommodate about 1000 patients a day.

There is a department of patients' admission, a place to receive specimens for analysis, and a department of patient treatment. This clinic's floor space is 1660 square meters.

Specialized Clinics

This includes the following departments:

Nose, Ear and Throat (floor space of 207 square meters), Eye Clinic (255 square meters), Internal Medicine (135 square meters), Electro-photography (155 square meters), Dental Clinic (360 square meters), and Diagnostic and Health Examination Clinic (360 square meters). The capacity of these clinics is 500 patients a day.

Physical Therapy Clinic

The physical therapy departments include massage and water treatment, and accommodates 100 patients per day. Its floor space is 1035 square meters.

The radiological department is located near the outpatient clinics. This includes x-ray rooms and radiological diagnosis, as well as heat and external treatment. There are rooms to develop films, both manually and through automation. This department's floor space is about 1040 square meters.

The first aid and accident clinic is located behind the out-patient clinics, and contains the following clinical services:

Serious First Aid Cases

This clinic is provided with all the equipment pertaining to resuscitation. It has radiation equipment to rapid intervention. This clinic has a room with four beds for first aid cases. It has a floor space of approximately 235 square meters.

Ordinary First Aid

This was designed to admit cases of fractures and other nondangerous first aid cases. It has a floor space of 235 square meters.

Central Treatment

This admits cases of minor surgery, which do not require the patient to be anesthetized in the in-patient department, nor admitted to the major operating rooms. This clinic has four minor operating rooms, with a floor space of about 255 square meters.

Children First Aid

This department has special equipment for the treatment of children. It has a floor space of about 155 square meters.

Short-term Anesthetization

This has 10 beds to monitor patients and deal with emergency cases before the patient is admitted as an in-patient, or upon his exit, according to the case. It has a floor space of 255 square meters.

The following departments are located beside the first aid clinic:

Surgical Wing

It has four large operating rooms, and one room for orthopedic surgery. There are two rooms to prepare patients for operation, radiation and patient monitoring equipment, a recovery room for automated monitoring, equipped with four beds, as well as equipment to provide sterilized materials, and offices, sterilization and storage rooms. The floor space is approximately 1555 square meters.

Intensive Care Unit

This has eight beds for intensive care and automatic monitoring equipment from a centralized system. It has a floor space of about 207 square meters.

Maternity Wing

This was designed approximately along the lines of the surgical wing. It has two rooms for maternity operations and four delivery rooms. This wing has a floor space of about 520 square meters.

Leaving the surgical department, one comes to the intermediate care services department, where there are 10 units located around a central courtyard, with a floor space of 2540 square meters.

The beds in the in-patient department are distributed as follows:

Children:

82 beds distributed in three units; each unit has 775 square meters of floor space. Total floor space is 2325 square meters.

Maternity:

48 beds within two units, with a floor space of 940 square meters.

Intermediate Care:

137 beds, divided among five units, each having a floor space of 775 square meters. Total floor space is 3875 square meters.

Intermediate Care:

181 beds, with each unit having 940 square meters of floor space.

The children's department has one, two and four-bed rooms, as does the maternity department. The same distribution applies to the intermediate care rooms.

All patient rooms are designed to face onto one of the outside courtyards. As for the wings of the private section, most of them abut the main courtyard. The ordinary care unit has five rooms, with four beds in each room. Each room has a floor space of 51.7 square meters. There are also five rooms with single beds, each room having about 18 square meters of floor space.

Private Wing

The private wing, which contains two full bedrooms, with their annexes of services and comprehensive medical care, occupy a part of the 200 bed expansion.

Power Station

The electrical power station is located outside of the hospital. It contains 12 electrical generators, with a total capacity of 30 megawatts. This is sufficient to supply the entire hospital, the medical city and their facilities with the necessary electrical power. The top floor of the hospital also has four auxillary electrical generators, which are sufficient to operate the hospital in emergency situations, in addition to one generator located inside the power station.

7005

CSO: 5400/4501

BRIEFS

RARE VIRUS DEATH--THE desperate battle to save the life of a schoolboy who died of a rare virus two years ago has now been revealed. The unidentified 13-year-old was the first victim of Crimean Congo tick fever in South Africa. Details of the tragedy have come to light in a case study published in the SA Medical Journal. In February, 1981, the boy attended a veld school camp in the Bloemhof district of the Transvaal. When he returned to his home in Edenvale eight days later, he complained of severe headaches and shivering attacks. His mother found an eight-legged insect with long, banded legs embedded in his scalp. She immediately took him to Dr E R Podlashuk, her general practitioner, who found the insect's bite. By chance the doctor's wife had attended a zoology course and was able to identify the insect as a Hyalomma tick after just a few days at the SA Institute of Medical Research in Johannesburg. The tick, a known carrier of the feared Congo fever virus, is a parasite of migratory birds travelling between Europe and Africa. It can thus be transmitted to humans and their animals. The fever-wracked boy was bleeding through skin pores and every orifice when he died of cardiac arrest five days later. The Middle East had killed seven members of a hospital who had come into contact with victims of the highly infectious fever. So medical staff in the children's intensive care unit had to wear protective masks, goggles and gowns as they battled round the clock to save the boy. Meanwhile, extensive tests were carried out. It was hoped that he might have been suffering from Marburg, Lassa or Rift Valley fever, for which anti-body blood plasma supplies are available in South Africa. But the virus was positively identified as the first case of Congo-Crimean haemorrhagic fever in this country. Nothing could be done for the boy. Patients who recover from the killer virus usually do so 10 to 12 days after contracting it. [Text] [Johannesburg SUNDAY TIMES in English 24 Oct 82 p 63]

CHOLERA HITS SOUTH COAST--Durban--Cholera has struck on Natal's South Coast and health officials have warned people to treat all unpiped water as contaminated. Dr G. M. Gregersen, Deputy Director of State Health for Natal, said health officials met this week to discuss the cholera situation. "While it was distressing to find there had been an increase on the South Coast, it is nothing like the epidemic we had last year," she said. Cholera had never really stopped, with sporadic cases throughout the winter. Those affected over the past three weeks were from an area near Scottsburg, which was not affected in last year's epidemic. Dr Gregersen said this could mean they did not have the immunity to cholera that people from other areas had developed.-- Sapa. [Text] [Johannesburg THE CITIZEN in English 5 Nov 82 p 4]

NATAL CHOLERA INCREASE--Durban.--With the advent of warm weather, cholera is on the increase in southern Natal. Dr Johan van Rensburg, the State Medical Officer of Health for the Province, said yesterday that the number of cases being treated weekly had increased by 50 to 100. This was due to warmer weather conditions and also to the fact that people were becoming complacent. He said they were drinking and cooking with water which had not been boiled and which was contaminated. [Text] [Johannesburg THE CITIZEN in English 4 Nov 82 p 10]

CSO: 5400/43

NEGLIGENCE BLAMED FOR THREAT OF CHOLERA

Mbabane THE SWAZI OBSERVER in English 23 Oct 82 p 6

[Editorial]

[Text]

The cholera alert hasn't been lifted yet and its only last summer that the epidemic broke out in some parts of the country. The report we carried in our last edition concerning the situation as far as refuse and sewerage disposal facilities are concerned in the south should point out in one direction, that is the situation has been caused by negligence.

It is about one year since the district's only vacuum tanker was put out of service and until now no replacement has been found. It is hard to imagine toilets not being drained for months and even more surprising that an epidemic hasn't broken out yet.

Our investigations showed that centres with tankers like Mbabane and Siteki at times were unco-operative when an appeal from the south was made. "It's not our fault they have no tanker" seems to be the attitude. What a pity.

Worse still, early this week there was no tanker serviceable. Meanwhile, things get worse in the south. One only had to hear the comments from Nhlanguano and Mahamba from disgusted people. The health inspector then finds himself in a fix.

How do you tell people not to go into the bush when they can't use toilets? And does the situation have to become worse than it is before something is done? Does the sub-district suddenly have to find itself with an epidemic?

It is difficult to understand why more tankers haven't been provided if the ministry responsible is aware that there are still places which require such services. The present two mentioned earlier are said to be old and are likely to break down. Summer is here and the rains have started and things are likely to get worse before they get better if nothing is done to improve the situation. We appeal to the powers-that-be to look into this problem, otherwise residents in the south will continue to feel they are neglected.

The Prime Minister Prince Mabandla as well as the

Minister of Health Doctor Samuel Hynd and the staff in the Ministry of Health have made a major campaign against the cholera.

However, it is disappointing to find that some places in the Kingdom are still a cholera hazard. Once we carried a report about the houses for the Ministry of Health staff in Matsapha which had sewerage pipes licking. We hope this has been taken care of.

CSO: 5400/40

CERTAIN CANCERS APPEAR PREVALENT IN BLACK SEA AREA

Istanbul CUMHURIYET in Turkish 4 Oct 82 p 7

[Report by Asiye Uysal]

[Text] It is reported that cancer of the tongue, lips and the throat is most prevalent among the residents of the Black Sea region and that this is believed to be caused by the consumption of tobacco, cigarettes and hot tea.

According to information provided by Dr Nijat Bilge, Chairman of the Department of Radiotherapiology of the Istanbul School of Medicine, while there was a rise in the incidence rate of cancer of the stomach, the intestines and the bladder in the last few years, there was a drop in the incidence rate of cancers of the skin and the uterus. It was stated that the drop in the number of patients suffering from cancer of the uterus is related to the increased attention paid to personal hygiene.

Stating that certain cancers may be more or less prevalent in Turkey or around the world for various reasons, Dr Bilge gave the example of Japan and said: "The incidence rate of stomach cancer in Japan is two to three times that observed in other countries. Dietary research showed that the Japanese consumed large amounts of fried foodstuffs and frying oil."

Dr Bilge said that although there are no reliable statistics about the number of cancer patients in Turkey studies show that an average of 100,000 to 110,000 new cancer cases are discovered in the country every year. Dr Bilge added that the cancer incidence rate is 320 per 100,000 people in the United States, 170 per 100,000 in the United Kingdom and 220 per 100,000 in the world.

Early Diagnosis

Noting that early diagnosis is very important for the treatment of cancer, Dr Bilge stated, however, that early diagnostic tests can be performed at only two locations in Turkey: a small polyclinic at the Oncology Hospital of the Ministry of Health and the Early Diagnosis Dispensary of the Istanbul Cancer Society. Dr Bilge added: "Small cancer diagnosis units can be formed within large hospitals."

Costly Treatment

Dr Bilge stated that early cancer diagnosis not only increases the chances of a complete cure, but also reduces the cost of treatment. He noted that the monthly medication bill after surgery in bone cancer may vary between 200,000 and 350,000 Turkish liras.

Dr Bilge said that a radiotherapy session in Turkey costs 30,000 Turkish liras in medical schools and 100,000 Turkish liras in private hospitals. The same service costs 800,000 to 900,000 Turkish liras in the United Kingdom and 2 million Turkish liras in the United States. Dr Bilge added that there are difficulties in medication treatment of cancer because most of the time there are no cancer medications and, furthermore, they are expensive if available.

9588

CSO: 5400/4701

INTESTINAL PARASITE CLAIMED RAMPANT IN POPULATION

Istanbul MILLIYET in Turkish 4 Oct 82 p 3

[Report by Sengul Sislioglu]

[Text] Ankara--It is reported that more than half the population of Turkey carries intestinal parasites, and the Ministry of Health has been urged to launch an organized campaign against the disease.

Professors of microbiology and parasitology interviewed at various universities said that the people have "internalized" the intestinal parasites, that they do not complain about it and that, however, the disease poses a major threat to general public health. All the professors agreed that the antiparasitic campaign in Turkey must be conducted by a single health directorate.

Productivity Cut.

Looking at the issue from an economic perspective, some of the faculty members interviewed claimed that these parasites consume half the food intake of the individuals carrying them. These professors added that this situation has an adverse effect on the labor potential in Turkey and that unhealthy people exhibit low work productivity.

Parasites are not confined to only the intestines in the human body. It is known that various parasites may live in several internal organs and even in the blood. Some of these parasites may cripple various parts of the body and may cause mental retardation and early and still births.

Most Prevalent in Southeast

The regions where parasites are most often encountered can be ordered as follows: Southeastern Anatolia, Eastern Anatolia, Eastern Black Sea, the Mediterranean and Central Anatolia. In these regions, more than 50 percent of the people are reported to be carrying intestinal parasites. Intestinal parasites are least common in the Aegean and Marmara regions, though one out of four patients is reported to be suffering from the disease.

Department Chairman Dr Hayati Ekmen, who has worked for many years in the microbiology field, says that parasites appear to cause iron deficiency in the

human blood and a gray discoloration in people's complexion. Stating that this fact has not yet been finally determined, Dr Ekmen says that research in that area would be very useful and that intestinal parasites may be the cause of the dark swarthy complexion of the people of Turkey.

Antiparasitic Campaign

The academicians interviewed said: "Intestinal parasites can be annihilated only through an effective control system which should cover the producers, the middlemen and the consumers. Necessary public services must be provided, the people must be taught about cleanliness, and they must be made to change their habit of eating raw meat and unwashed fruits and vegetables."

Stating that intestinal parasites cannot be eliminated in the current environment, the academicians said: "Patients frequently return two months after their therapy to say that they have parasites, which are popularly known as worms. As a result of the absence of the necessary infrastructure and an absence of adequate cleanliness among the people, these parasites easily return to the human body from their permanent habitats in nature." The academicians said that the absence of an infrastructure and traditional cleanliness in the Southeastern Anatolia region in particular is a good example of this situation.

9588

CSO: 5400/4701

EYE DISEASES IDENTIFIED IN KAMPALA

Population Warned

Kampala UGANDA TIMES in English 20 Oct 82 p 1

[Article by Ben Ochan]

[Text]

"RED-EYES", an epidemic has struck Kampala City, and another unusual disease, "eye-gonorrhoea", has been identified by doctors at Mulago Hospital.

A senior consultant at Mulago Hospital and acting head of Ophthalmology Department, Makerere Medical School, Dr. J. C. Gwasaze, said in Kampala yesterday that already three people had been recorded as suffering from the eye gonorrhoea at Mulago Hospital.

Dr. Gwasaze said eye gonorrhoea was an infection transmitted from genital organs by careless victims of gonorrhoea, the sexually transmitted Disease (STD).

He said the signs of the disease were inflammation and discharge of yellow pus from the eyes.

The Director of Medical Services, Dr. Samwiri Etyono, described the red-eyes as an irritating infection which caused eyes to discharge some fluid.

He said the red-eye disease resulted from a virus that had not yet been identified

by the Entebbe Virus Research Station due to lack of equipment. And he confirmed that there was an epidemic of the red eye disease in Kampala and its surrounding areas.

Dr. Gwasaze also said the red eyes disease was spreading from Kampala City to other areas of the country. He said Kampala students had transmitted the disease to Nabisunsa, Nabbingo, Namilyango and Namasagali schools.

"The disease has even spread to Mbarara, and Ibanda Towns. We have not only had reports from Mbale, Soroti and the northern region", he added.

He said unsanitary habits, overcrowding, lack of clean water and the abundant fly population were contributing factors to the causes of the disease.

Dr. Etyono asked the public not to be alarmed by the red-eyes. He said the Ministry of Health had sufficient drugs to treat the disease. It takes about one week to cure the disease if the patient follows medical advice.

He appealed to the general public to seek prompt medical attention as soon as they felt something was wrong with their eyes. "Tetracycline eye ointment can easily cure the disease", Dr. Etyono assured.

Red eyes and eye gonorrhoea are highly infectious. They can be avoided by not sharing towels, basins, and handkerchiefs. "Even shaking hands anyhow is dangerous", the doctors cautioned.

If not treated early, they could destroy the eye cornea and lead to blindness. The symptoms are irritation, itching burning sensation, feeling foreign body in the eyes and swollen eyelids.

One worrying fact is, however, the similarity in characteristics of the red eye disease and trachoma, especially as the virus causing the red eye is yet at large.

Problems Cited

Kampala UGANDA TIMES in English 20 Oct 82 p 4

[Editorial: "For God's Sake Save Our Eyes..."]

[Text] The ministry of health yesterday broke the silence on the eye epidemic that has been known to hit many of our city dwellers. The reasons for this silence for such a period are quite understandable considering that the ministry had to do research and soul-searching to tell the people of this country what actually was amiss. Now we have been told that unless we take precautionary measures, both at individual level and at societal level, we could run the risk of having some people made blind by the disease.

Now that it has been established that the disease can easily spread from one person to another, the most pertinent appeal is to all our people to follow the guidelines for hygiene at personal and societal level as recommended by the ministry of health. In other words we must now invoke the long treasured idea that prevention is better than cure. Of course this does not mean that we should not cure those who have already fallen victim to the epidemic. What it means is that cure is only a temporary measure while prevention is the long term solution to the problem.

There is one thing that the Director of medical services Dr Sam Etyono and Prof Gwasaze of Mulago medical school have said and must be taken seriously: the diseases are unusual. This means that there is need for research to establish the nature of that virus which is responsible for infection and thereafter find a way of dealing with it. Equipment is said to be lacking at the Entebbe Virus Research Institute.

Whatever the shape of the government pockets there is no alternative but to find the money for the required equipment. We cannot afford to run the danger of using wrong treatment to our people because Dr Etyono and Prof Gwasaze will tell us that inadequate emergency treatment could raise some complications that could make future treatment of the same difficult or costly or both.

It is quite frightening to note that the disease is spreading beyond the city boundaries. Our fear is that some of our people in the rural areas have developed beliefs about certain diseases and instead of going for proper medical attention they could simply brush it aside as one of those things that will pass with time.

Since the government is committed to maintaining a health nation, it would be very costly in terms of resources and personnel to get the disease eradicated in the countryside should it be left to take root there. The best we can do now is to cut the root of the epidemic before it penetrated firm ground. To ensure that that is done it is proper that the ministry of health arrange to despatch medical teams to various parts of the country to see and attend to those people already affected.

There is no doubt that we have enormous problems in the ministry of health ranging from shortage of vehicles to inadequacy of competent personnel to carry out this additional task but for sure we seem to have no choice but to deploy whatever scanty resources and personnel we have to fight the epidemic.

Disease Reaches Epidemic Proportions

Paris AFRICA AFP in English No 2944, 26 Oct 82 p 14

[Text] Kampala, 23 October--The Ugandan Health Ministry today confirmed that an eye disease has reached epidemic proportions in the Ugandan capital.

But a Health Ministry statement, quoted by Uganda radio, denied an earlier report in the official UGANDA TIMES which said that the epidemic could cause blindness in victims.

The newspaper said that doctors at the main government hospital at Mulago had identified two new eye diseases in Kampala recently.

The first disease was termed "red eyes" because the eyes of the victims become bloodshot, while the second disease was named "eye gonorrhoea" by the newspaper because the infected eyes discharged yellow pus.

Three people had been treated for "eye gonorrhoea" at the hospital, it said, adding that doctors believed the disease is transmitted sexually from the genital organs by gonorrhoea carriers.

The Ministry statement admitted that the two diseases mentioned in the government newspaper had been identified in Kampala. But it said these were not connected with the "eye epidemic" where the eyes heal by themselves after a short period. (A.F.P.)

CSO: 5400/49

PARENTS URGED TO HAVE CHILDREN IMMUNIZED

Kampala UGANDA TIMES in English 4 Oct 82 p 4

[Editorial: "The Immunisation Exercise"]

[Text] The Public Health Department of Kampala City Council has announced that it will begin its immunisation programme this month. The immunisation team will be in various parts of the city starting today at Busega. Parents have been urged to avail their children for immunisation against some infectious killers such as measles, cholera and others.

While the programme is well intended for a section of our population that should count itself lucky, every effort should be made to ensure that the exercise succeeds. There are some realities we have to take note of in our country. Ignorance is still rife among our people especially on matters concerning some diseases. That is why the announcement on radio or on local newspapers cannot be enough.

What is required is a mobilisation exercise and the city council should have given more time for the mobilisation exercise to take place. It is common for the City Council medical personnel to think that it is up to parents to avail their children for immunisation. We think that is a wrong way of looking at the problems. In our law all citizens of this country belong to the state. A child does not or should not be seen to belong to their parents. They belong to this country. Infact it would sound normal for the City Council to force every parent with a child to come for immunisation. They should know that there are some consequences to their negligence.

There is another error the City Council seems to have made. Kampala is a big place and doing immunisation in only four places as we have been told means some parents will have to travel long distances to have their children immunised. With our rather chronic problem of transport some parents will be excluded.

Our view is that if the City Council has set out to immunise the children within the city it should ensure that that is done completely. We have seen in the past such exercises done only as a showpiece. The main way of ensuring that the exercise succeeds is for the City Council to compare the number of children immunised with the estimated number of children in the city. With that information it can be possible to know the extent reached.

We are making this passionate appeal because the children today are the builders of our nation tomorrow. A healthy child today will be a strong career of our construction effort tomorrow. We would like the same message to percolate to other (medical personnel wherever they may be all over the country to take the health of our children very seriously.

CSO: 5400/49

BRIEFS

CHOLERA CONTROL--The Ministry of Health has dispatched medical officers to Luangwa district to investigate a suspected cholera outbreak. A ministry spokesman said in Lusaka yesterday the team was sent on Friday and is being led by Lusaka Province medical officer Dr Chitwa Chimhini. "All we heard was through a report from Katondwe mission hospital which said there were cases of suspected cholera," the spokesman said. He hoped details would be known when the medical team returned to Lusaka. Recently, the World Health Organisation (WHO) proposed that Zambia and Zaire should meet to map out a strategy aimed at preventing cholera outbreaks between the two countries. Later Minister of State for Health Mr John Mwendela announced on October 13 that health officials of the two countries would meet in Lubumbashi before the end of the year for the proposed discussions. Cholera, which has been characterised as a border disease in the country, has claimed a number of lives since the start of this year particularly along the Zambia-Zaire border. In January, Health Minister Mr Ben Kakoma announced in Parliament that the disease had claimed 39 lives in Luapula Province within one month. He said efforts to control the disease were being frustrated by an influx of aliens from neighbouring countries who were partly responsible for its incidence in Zambia. [Text] [Lusaka TIMES OF ZAMBIA in English 8 Nov 82 p 1]

CSO: 5400/56

LACK OF RABIES VACCINE REPORTED

Cochabamba LOS TIEMPOS in Spanish 20 Oct 82 p 6

[Text] Rabies vaccination cannot be started inasmuch as the shipment of vaccine scheduled to come from the central laboratory of the Ministry of Social Security and Public Health has not arrived, despite repeated indications by the higher authorities.

Meanwhile, the number of persons presumably bitten by rabid dogs is rising, particularly in the city's outlying districts.

Sources from the department of epidemiology have advised that no case of human rabies has been reported this year inasmuch as small shipments of the vaccine for human use have been received periodically and, in other cases, individuals bitten by dogs had to arrange for the series of shots at local pharmacies and at their own expense.

Until now, no official information has been given as to the reasons why the production of rabies vaccine was suspended at the central laboratory. It was previously stated that the equipment had been slightly damaged, but this was subsequently changed in saying that the equipment was being expanded to increase the production capacity.

Although in 1981 a high level of coverage was achieved in the vaccination of the city's dogs, totaling approximately 35,000 rabies vaccine must be administered annually.

Warmer temperatures in spring and summer also contribute to an increase in rabies cases inasmuch as the disease becomes more virulent during those seasons and this causes the people to be in still greater danger due to the large number of dogs in the city.

It is not known if the health authorities are taking steps to obtain the rabies vaccine from laboratories abroad to make up for the present shortage.

There is also a rabies control program which is contemplating the elimination of stray dogs to reduce the risks facing the inhabitants of outlying areas, especially in the southern part of the city.

In this connection, the authorities were previously requested to send doses of poison to eliminate those dogs; this action will be possible by coordinated with the municipal police.

NICARAGUA

MIDINRA URGES VACCINATION AGAINST BOVINE RABIES

Managua LA PRENSA in Spanish 5 Oct 82 p 6

[Text] The MIDINRA [Ministry of Agriculture and Livestock Development and Agrarian Reform] is urgently negotiating the acquisition from abroad of some 10,000 doses of anti-rabies bovine vaccine in order to support the campaign to control the bovine rabies that has appeared in the department of Boaco.

The outbreak appeared this past 3 September at the El Jocote ranch and later spread to the La Sultana, San Antonio, and other farms in the same department.

MIDINRA technicians reported to LA PRENSA that up to now some 12 head of cattle have died, victims of rabies, which reflects the seriousness of that problem.

Enrique Sanchez, one of the technicians, said that at the beginning of the outbreak there was practically no stock of anti-rabies vaccine. "In that emergency Honduras supplied us with 4,000 doses, which are being used in the affected area."

He added that there is a scarcity of this type of vaccine in Central America and that acquisition of a sufficient quantity is being sought in order to counter the outbreak.

Sanchez pointed out that "since these outbreaks appear sporadically and the vaccine is good for only a rather short time, it is not economically advisable to maintain large stocks, because that represents waste."

Engineer Jose Cepeda, another of the MIDINRA technicians in charge of the control of rabies, explained that after the case had been investigated, it was judged that the disease was transmitted to the cattle by vampires.

"At present the proliferation of vampires in cattle areas, like Boaco, is enormous and preoccupying. This phenomenon is due to the fact that the recent campaign for the control of these animals has ended and, because of

economic problems, there has been no follow up, said Cepeda.

Measures

The MIDINRA said that measures to control the outbreak are as follows:

A vaccination campaign for cattle on ranches where the disease has appeared and in neighboring areas.

A canine vaccination campaign, in order to prevent dogs from transmitting rabies.

Continuing vigilance in order to detect possible cases of bovine rabies and control of the transit ing of cattle between ranches, in order to avert the spreading of the outbreak.

MIDINRA authorities have also alerted the rural population, since the vampires have seemed to be very aggressive and, in some cases when there are no cattle, they attack persons. This problem has been reported in Chinandega, Granada, Rivas, and other departments.

FAGANIC [Federation of Nicaraguan Cattlemens' Association] spokesmen have expressed preoccupation regarding the matter since, if bovine rabies is not effectively controlled, it could spread to other areas of the country.

Cattle have experienced severe blows: the past war, floods from the Alleta storm, and drought. Now, if rabies is not controlled--well, the situation will become very difficult.

FAGANIC brought two MIDINRA veterinary technicians in order to [words missing] with technicians of this ministry.

8255

CSO: 5400/2017

BRIEFS

MATIGUAS CHOLERA OUTBREAK--An outbreak of hog cholera has been detected in the area of (El Cebadillo), Matiguas Municipality. The discovery has led Agricultural and Agrarian Reform Ministry authorities to take drastic steps to contain the disease. A leader of the National Union of Farmers and Cattlemen said that a mass vaccination program will be launched tomorrow in Pancasan, Apantillo, Tierra Blanca and areas around Matiguas. [Managua Radio Sandino Network in Spanish 1200 GMT 26 Oct 82 PA] In order to control the outbreak of hog cholera that is affecting the country's central region, the municipality of Matiguas has been declared in quarantine. Checkpoints will be established there to prevent people from taking hogs out of the area. Producers are also being urged to vaccinate their hogs. [Managua EL NUEVO DIARIO in Spanish 28 Oct 82 [no page given] PA]

BOVINE RABIES OUTBREAK--An outbreak of bovine rabies has been confirmed in three locations in the department of Boaco, said Armando Angulo, head of the Boaco Cattlemen's Association. El Paraisito, the Empalme de Boaco, and the state San Miguel ranch are the places where the outbreak has been detected, subsequent to laboratory tests at the Central American University. The cattlemen in sectors of this area have stated that there is an outbreak in other places, but up to now this has not been confirmed. The disease that is caused by bat and vampire bites up to now has produced an undetermined number of deaths in the cattlemen's herds. Angulo also said that 3,000 anti-rabies doses will be received, which is a small amount for the 50,000 head of cattle in the area. In the meantime the Procampo, Faganic, and National Development Bank technicians called an emergency meeting in the offices of Procampo in Boaco, in order to find specific and effective means to counter this disease. [Text] [Managua LA PRENSA in Spanish 2 Oct 82 p 5] 8255

CSO: 5400/2015

BRIEFS

CATTLE DISEASE CAUSING CONCERN--Sir--I am concerned about a disease that is killing cattle in some parts of Eastern Uganda. Quarantines, some of which have lasted over 2 years were slammed in places but apparently the authorities that slammed the quarantines have taken no serious steps to get rid of the disease. Desperate cattle farmers are now being preyed on by all sorts of cattle doctors. Cattle injections have reached over 200/-per cow. Wherever the drugs come from and whether they are genuine drugs the poor farmers do not know. Cows continue to die. In some places no drugs are heard of even. Let the Veterinary ministry justify its existence by treating these cows and thereby alleviate the plight of those poor farmers who are seriously affected. [Letter by O. A. Odongo] [Text] [Kampala SUNDAY TIMES in English 17 Oct 82 p 2]

CSO: 5400/49

PEASANTS, GOVERNMENT COMPLAIN OF INCREASING PEST, RAT INFESTATION

Cairo AL-JUMHURIYAH in Arabic 30 Sep 82 p 7

/Article by Jamal Kamal and Fatimah Yusuf: "Mice Are Not the Only Danger: Insects and Pests Threaten Half Our Crops"

/Text In spite of the gravity of the mice incursions in the villages and towns of Egypt, and the national dimension the problem has assumed with the preparation of a national campaign to combat mice, all the evidence shows that mice are not the only problem threatening Egyptian agriculture.

Dozens of other diseases and pests afflict our crops every year.

In recent months, for example, early watermelon planting in the Governorates of al-Isma'iliyah and Suez has caused the crop to be attacked by viruses which have wiped out 117,000 feddans.

In the governorates of Upper Egypt, from al-Minya to Aswan, the continued farming of a given strain of sugar cane over a 20-year period has caused the crop to be afflicted by black rust, and the Ministry of Agriculture has found no remedy for that except to destroy the crop.

The total cotton crop that has been afflicted by pests from the beginning to the middle of the year comes to 759,000 feddans, while the total area afflicted all last year came to 851,000 feddans.

The total crops of different kinds which were afflicted by the cotton leaf worm in just 6 months come to 177,000 feddans, while the area affected all last year was 192,000 feddans.

The area that was treated for various pests and insects in a period of 6 months this year came to 285,197 feddans, above and beyond 160,000 feddans treated for weeds.

The total affliction of orchards came to close to 1,244,000 feddans, and 28,000 feddans and 17 million trees were treated for bark insects and fine bugs.

The problems of agricultural and crop diseases did not end with diseases and insects in the growing process. Rather, officials estimate the loss from orchard

crops following the harvest through diseases in storage at about 25 percent of the total crop and up to 50 percent in the case of the tomato crop.

Indeed, it is enough to realize that the losses the government incurs from losses in the vegetable crop after harvest come to 270 million pounds a year.

In the face of all these facts and figures, it is necessary to ascertain the real reasons behind the appearance of these diseases, insects and pests which have started to threaten our crops, although Egyptian peasants, all during their contacts with the land over 20 years, have only been familiar with the cotton worm and locusts.

Is it scientific progress that has revealed these dozens of crop pests and diseases, which existed before but have suddenly made their appearance?

The Total Number of Diseases

It is true that dozens, indeed hundreds of pests and diseases attack our crops each year.

Cotton, for instance, is attacked by close to 11 diseases and insects in the course of the agricultural season.

Tomatoes are afflicted by 16, soybeans by 14, watermelons and cucumbers by 11, onions by eight, and rice by five.

Even citrus fruit, which is considered an export crop, is afflicted by 12 diseases, grapes and pears are exposed to attacks by 12 diseases, and flowers are afflicted by five.

Why, then, have all these diseases appeared, and who is responsible for their spread?

Diseases Are an Old Phenomenon

Eng Mahmud Yusri al-Sawwah, deputy director of the Plant Disease Institute, considers that plant diseases are not new in agriculture but go back to the start of agriculture in Egypt. However, factors in the past 5 years have helped them to spread in an economically significant manner.

The spread of awareness among farmers, especially people with fruit and vegetable farms, their monitoring of all changes in crops, the deterioration of some types and strains that are grown in Egypt, the susceptibility of these types and strains to attack, and their mediocre resistance to diseases and parasites have all contributed to the appearance of this large number of crop diseases and pests.

The anomalous climatic conditions in Egypt these days have played a role in the appearance of some diseases, and the rise in temperature and humidity has increased the activity of many pests. In fact, rainfall has helped wash insecticides off crops, which has facilitated attacks on them.

On top of that, the Ministry of Agriculture has contributed to some causes, including a shortage of fertilizer programs throughout the republic, especially with the construction of the High Dam, which has caused an increase in the degree of salinity in the soil, in addition to the system of concentrated farming, the burdening of the soil when it is planted with more than one crop at a time as a result of government encouragement, and the pursuit of the system of second and third cycles in cotton growing, as a result of which the soil has been afflicted with all types of diseases and has become exposed to insects all year long.

The Lack of Surveillance

The lack of surveillance over the cultivation of some crops has played a big role in the spread of diseases, as happened with the early cultivation of watermelons in al-Isma'iliyah this year so that the crop could be brought out before the imposition of price controls; this caused them to be afflicted by viruses. In addition, the farmers neglected to spray small areas and the infection spread through most crops, as was the case with the sugar cane crop.

The final reason for the increased affliction by agricultural diseases, as Eng Mahmud Yusri asserts, may be attributed to a lack of communication between scientific research agencies and agricultural guidance agencies; this has resulted in a failure to make use of experts in scientific institutes to overcome various ailments.

Diseases and insects which attack crops are numerous, but among them are some which threaten our economic crops.

Wheat Is in Danger

Dr Emil Ghbriyal, chief of the Grain Disease Research Section, stresses that wheat was afflicted with the flour egg disease this year, although at less than critical rates, in the Governorates of Giza, al-Qalyubiyah, Kafr al-Shaykh and Dumyat, while the affliction subsequently spread to the Lower Egypt governorates. In addition, the leaf bug disease made its appearance.

Barley diseases are behind the drop in output, which now totals 7.1 ardebbs of barley per feddan, having been 15 ardebbs before the attack. The danger is that these diseases, for instance reticular stains, which result in losses of as much as 20 percent of the crop, spread in epidemic form in some seasons.

Dr Harun al-Shafi'i, chief of the Corn Disease Section, states that the difficulties facing the increased per-feddan productivity of Syrian and fine corn may be attributed to the fact that they have been afflicted with diseases that have a bad effect on productivity, especially in polluted areas, when the suitable climatic conditions are present:

Growth-stunting diseases, which are prevalent among all crops in Egypt; the rate of affliction in some areas comes to 100 percent, and the losses resulting from that are estimated at about 37 percent of Egypt's crops.

Leaf burn, which is widespread in the northern governorates, especially among late crops.

Ordinary black stain, which has become terribly widespread in recent years; in some fields the affliction has reached 30 percent of the crop.

Are Onion Exports Being Stopped?

Dr Husni 'Abd-al-Rahman, chief of the Onion Disease Research Section, asserts that although onions are considered the third-ranking export crop in Egypt, the fact that they are afflicted with eggs and rot threatens to drive many farmers to avoid planting them in Upper Egypt. In addition, the appearance of disease in Lower Egypt has led to a great shortage in the acreage farmed.

Losses in onions as a result of affliction by vegetable group diseases come to 45 percent. It has been discovered that the affliction can be lowered in the case of early crops by reducing the number of instances of irrigation in the short crop cycles.

Fava beans are also afflicted by leaf stain disease as a result of the rise in temperature, increased humidity, excessive irrigation, poor drainage, the rise in the water table and proliferation of weeds.

The rate of affliction of sesame $\overline{\text{plants}}$ in the Governorates of al-Buhayrah and al-Sharqiyah has increased and the per-feddan yield has dropped; the reasons may be attributed to irrigation in periods in close succession.

Egypt grows 15,000 reddans of soybeans; 10 percent of that area was investigated and it was established that the rate of affliction by root rot and wilting comes to 38 percent and by stalk rot disease to 26 percent.

Eng Fayiz Bishay, chief of the Bacterial Diseases Section, says that the potato rot disease has increased since 1972 because the bacteria causing the disease in the main potato cultivation areas live in the soil and can live there for many years.

Cotton Diseases

Dr Taha al-Sharqawi, chairman of cotton disease research, states that the wilting disease has been behind the disappearance of certain important types that have exceptional characteristics, such as the Sklarides and Karnak strains, and the fact that the cotton has been afflicted with this disease may be attributed to an increase in humidity and the type of chemical fertilizer.

Dr Fahmi 'Abd-al-Mun'im Fadl, chairman of the Vegetable Diseases Section, says that gourd plants, including watermelons, canteloupes, zucchini and cucumbers, are exposed to root rot diseases, wilting, flour eggs, deep stalk stain and viruses.

Conversely, Dr 'Ismat al-Qadi, professor in the Faculty of Agriculture at 'Ayn Shams, asserts that the main reason for the increases in pests in the recent period lies in the excessive recent use of insecticides to combat insects; this has

resulted in the elimination of parasites and predators which eliminated the pests themselves.

Eng Basyuni Basyuni 'Asal, director general of the Ministry of Agriculture's Anti-Pest Department, says that the appearance of certain diseases in certain crops this year may be ascribed to numerous factors, among them the favorable climatic conditions and rainfall, which resulted in the elimination of the pesticides.

On top of that, there is the pursuit of intensified farming, that is, the farming of lands throughout the year, and the failure to expose them to climatic elements which will eliminate certain diseases. Indeed, the farming of more than one crop at a single time causes the transmission of diseases and insects from one crop to another.

Nonetheless, the ministry and the Plant Disease Institute are exerting great efforts to produce certain insecticides and different disease-resistant types and strains.

Where, however, do the insecticides stand, with regard to the epidemic onslaught of pests on our national agricultural resources?

The problem of insecticides goes back before the 1973 war, when the Ministry of Agriculture was in charge of providing insecticides through cooperative societies and spraying them through the medium of engineers' committees and agricultural supervisors, after the size of the attack and the means of treatment had been determined.

However, with the establishment of the Agricultural Lending Bank, problems appeared; the ministry imports insecticides and the Lending Bank finances them, requesting peasants to pay their debts as a condition for receiving the new insecticides.

Even if a peasant receives insecticides, he does not know how to use them in the proper manner, or when to use them.

In 1979 a ministerial decree was issued ending the Ministry of Agriculture's monopoly over the sale of insecticides and making it legal to sell them in commercial establishments; at this point the ministry relaxed its control, insecticides started to disappear from cooperative societies and lending banks, and the peasants were compelled to buy them at high prices from stores.

The ministry's role was restricted to carrying out Law 25 for 1967, which listed the agricultural pests that threatened the potato, citrus fruit, cotton and export crops and stipulated that the ministry was responsible for spraying insecticides on these crops whether or not the owner of the land agreed, including the condition that the farmer defray the costs of the insecticides and the laborers and equipment used.

A few weeks ago Dr Yusuf Wali, the minister of agriculture, came out with a new ministerial decree requiring that garden crops be treated for insects and fine bugs in all governorates of the republic where the rate of affliction reached 10 percent or more, on condition that the agricultural cooperative societies carry

out compulsory spraying through financing from the main development and credit bank, without reviewing the members' indebtedness.

What, however, is the opinion of the farmers themselves on everything that has happened?

Ahmad 'Abbas, a farmer in al-Manzalah, says that the cooperative societies and the Lending Bank are responsible for the attacks and the increases in insects which the crop has been exposed to. The society is always lacking in insecticides and an agricultural superintendent should supervise the crop in order to ascertain the afflictions, but this has not been done.

Al-Hajj 'Abd-al-'Al al-Khawass, in the village of al-Dayr, Shabin al-Qanatir, asserts, "Since the cooperative societies and lending banks do not have insecticides all year long, we are compelled to reach agreement with merchants who buy the crop to have them provide the insecticides.

"Because the agricultural superintendents get around supervising the crop, we are surprised to find that strawberries are attacked even after they are harvested because there are no refrigerators to store them in the society."

Muhammad al-Sayyid 'Id, a farmer in the District of Tukh, attributes the problem of increased diseases and insects on the farmland to the method the cooperative societies and Ministry of Agriculture observe in spraying insecticides.

Five years ago, he sprayed the cotton, but after the ministry made it compulsory that the cooperative societies do the spraying, the situation changed. The societies send workers who do the spraying at a day rate, and they have no concern except to finish with the land and move on to other areas; therefore the spraying is not thorough and attacks appear.

Even other crops have problems. The society gives out half a pound for crops which require a pound of insecticides, delaying the farming on the land and causing the affliction of the crop, especially since the appearance of all the diseases and pests on the land occurs at great speed and the land cannot wait until the society has distributed the insecticides.

'Abd-al-Hamid Ja'far, a farmer in the village of Mushtahar, grows vegetables; on many occasions he needs specific types of good seeds and insecticides, cannot find them in the society, and is compelled to buy them on the black market. Nonetheless, the worm has struck the cauliflower crop this year and there are not yet any insecticides in the society or the public sector.

Rida Isma'il, a peasant woman in the village of Mushtahar, irrigated the land and waited 2 days. Then worms appeared in the vegetable, soybean and wheat crops. She could not find the society clerk but he did come in in 2 days to tell her "drop by here tomorrow." She was compelled to buy from the private sector to save the crop.

Al-Hajj Taha 'Abd-al-Rahim, a farmer in the village of al-Manzalah, says "As a consequence of the method by which seeds and fertilizers have been distributed in recent years, the insects have increased greatly over their previous level, and new types have appeared which we had not known before. Why is this? The society did nothing, except to hold the peasants accountable for the fertilizers and laborers at the end of the year. We do not know how to deal with the diseases and insects, even if we have insecticides. The society supervisor is of no use to me in using them or showing when they should be used. As a result, we buy insecticides from the private sector and spray them. Nonetheless, the afflictions appear in the crop."

11887

CSO: 5400/4600

NICARAGUA

PROGRAM OF ACTION TO ELIMINATE COFFEE RUST

Managua BARRICADA in Spanish 12 Oct 82 p 5

[Text] The sources of coffee rust infection are being eliminated through the programs that the MIDINRA [Ministry of Agriculture and Livestock Development and Agrarian Reform] has designated for coordination with the CONARCA (National Commission for the Reform of Coffee Plantations).

This was reported yesterday by Colonel Manuel Kautz, deputy minister of Land and Cattle Development. He said that a technical commission composed of himself; Henry Matus, director of CONARCA; and Julio Castillo, also a deputy minister of MIDINRA for technological matters, had confirmed that coffee rust in Nicaragua must be considered a national disease.

Upon coming to that technical decision, the MIDINRA ordered a program of immediate action which, together with another called "living with coffee rust," will be carried out in what remains of 1982 and during all of 1983.

Damages to crops have not yet been determined, but it is believed that they are quite considerable. The programs must therefore be implemented with all of the revolutionary drive of mass organizations, of the financial system, and the MIDINRA regional districts.

Coffee stocks in Nicaragua can be determined by the yield of the 133,800 cultivated fields in the country, 31,000 of which may be classified as scientifically controlled areas because of their sowing time; 20,000, semi-scientifically controlled; and 72,800, traditional coffee.

They Explain the Action

With regard to the plan of immediate action, Edgardo Mejia said that first the land must be cleared based on information from the producers, themselves. Substances will be to the focus of infection at three separate levels:

If the coffee plantation is less than 5 percent affected, a copper base will be applied; if it is 5 to 10 percent affected stronger eradication measures

must be provided and other substances will be applied; and if more than 10 percent is diseased, a combination of the methods that are affected to scientifically controlled coffee and semi-scientifically controlled coffee will be applied.

This year copper will have to be applied. MIDINRA has decreed that small producers will receive technical assistance according to a production table.

If an affected area has a production capacity of 1 to 3 quintals per field, MIDINRA considers that the yield is not sufficient to warrant the expense of the program and cannot provide assistance.

But small production includes 3 to 5 quintals and 5 to 7 quintals per field and there are many in Nicaragua. In these cases, there will be equipment and subsidies for the former; for the latter, only subsidies.

Greater Financing

For producers in general MIDINRA, with the help of the Financial System, made a table of financial increases, specifically in order to motivate production.

When the levels of disease demand only the use of copper, financing will be increased by 331 pesos; when copper and other substances are needed, financing will be increased by 495 pesos per field; and when a greater area is affected, 561 additional pesos will be given for each field.

These financial details pertain specifically to the forthcoming 1983 harvest, when the most difficult fight against rust will be carried out.

Three Clean-ups Next Year

The MIDINRA technicians have also decided on three clean-ups for next year: the first, after the harvest; the second, after the flowering; and the third, before the harvest.

This will aid the scientific application at the various levels of the disease that have already been foreseen. In the 40,000 scientifically controlled coffee fields there will be five applications of substances and at least three or four of them will be with copper.

In the scientifically controlled area there will be four, two with a copper base and with other stronger substances, and a fourth, a floating one, according to what is needed.

"With respect to traditional coffee, there will be two applications," said Edgardo Mejia, "an obligatory one and another pending, until

121,000 fields are controlled."

Deputy Minister Colonel Kautz agreed that the effects of the disease are preoccupying, but emphasized that they have been increased because of the semi-abandonment of some properties by some producers. Coffee rust entered Nicaragua in 1976 and settled only in Carazo. Now there is coffee rust in the northern part. It has not yet been reported if this type of spore is the same as the one that is affecting the northern coffee plantations.

In any case, we will learn how to live with the rust, he said.

8255

CSO: 5400/2017

COTTON SEEDLING ROOT DISEASE RESEARCH NOTED

Tiayuan SHANXI NONGYE KEXUE [SHANXI AGRICULTURAL SCIENCES] in Chinese No 9,
20 Sep 82 pp 20-22

[Article by Zhang Zhuomin [1728 0587 2404] and Ji Zhangong [0679 6297 5364]:
"Research on the Major Types and Their Pathogenicity of Cotton Seedling Root
Disease in Shanxi Province"]

[Summary] The incidence of cotton seedling root disease in south Shanxi, the major cotton-growing area of the province was 43.3 percent in the fifties, 42.7 percent in the sixties, 88.2 percent in the seventies, and 99.9 percent in the eighties. It is a compound type disease. Some believe it is mainly anthracnose in the south and damping-off in the north; others believe it is mainly red rot in the south, caused by several species of *Fusarium*. In 1980, seedlings dead from root disease were gathered from 13 counties from continuously cropped cottonfields, planted with seeds without disinfecting treatment. From hundreds of specimens thus collected, systematic culture and isolation produced the following pathogens: *Fusarium monili fome* (red rot), *Rhizoctonia solani* (damping-off), *Colletorichum gossypii* (anthracnose). The pathogenicity of all 3 pathogens were tested and observed. Results indicate that damping-off pathogen is the most toxic, followed by the red rot and the anthracnose; the first is spread through the soil, the second and third through the seeds. Seed disinfection is, therefore, important, yet, wherever conditions permit, soil treatment is also necessary.

6248

CSO: 4011/14

OCCURRENCE OF RICE TUNGRO DISEASE REPORTED

Fuzhou FUJIAN NONGXUE YUAN XUEBAO [JOURNAL OF THE FUJIAN ACADEMY OF AGRICULTURAL SCIENCES] in Chinese No 3, Sep 82 pp 15-23

[Article by Xio Lianhui [6200 5114 6540] and Lin Qiyong [2651 1142 5391]

[Summary] Rice tungro was a virus disease first found in IRRI, Philippines, in the early 1960's. It has not been reported in China.

In 1979 the authors found a yellowing type of rice plant in southern Hunan and Fujian provinces. Investigations show that this disease has almost the same symptoms as the tungro disease reported abroad regarding the modes of transmission, vector species and properties of the virus.

The disease was transmitted by *Nephotettix virescens*, *N. cincticeps* and *Recilia dorsalis* in transitory or semipersistent ways; the circulation period of the virus in insect vectors was uncertain; the incubation period of the disease was 11-45 days, with the average being about 20 days. The virus particles were spherical, about 30-35 nm in diameter, with characteristic differences from those RTYV that have been found and are rampant in China

CSO: 4011/15

INCONSISTENCIES IN PLANT TREATMENT RESEARCH CRITICIZED

Istanbul DUNYA in Turkish 22 Sep 82 p 3

["Experts' View" column by Munif Akmanoglu: "Inconsistencies in Agriculture"]

[Text] Various standards have been established for the direction and implementation of government agricultural pest and disease control services (agricultural warfare). These standards evaluate the administrative, technological, scientific and control aspects of these services.

Among agencies providing these services is the Institute of Agricultural Warfare Chemicals and Equipment. As is implied by its name, the function of this agency is related to the use of chemicals and equipment in agriculture. Most of these chemicals are imported from abroad either in raw or prepared form. This means that an agricultural chemicals industry based on locally available raw materials has not developed in Turkey. In other words, such an industry virtually does not exist. Currently, there are around 10 private sector factories which process imported raw substances together with a number of filling materials, most of which are also imported.

Before these chemicals are put on the market, they are controlled and scrutinized by the Institute for their quality, effectiveness and their condition to meet specifications. This is a legal requirement. To that end, the Institute maintains extensive facilities, such as physics and chemistry laboratories, as well as various sets of equipment and employs a large number of academic-level personnel. All manufactured drugs and chemicals are subjected to a series of tests, and those found satisfactory are given permission to be used in agricultural areas, that is, they are licensed.

In our opinion, here there is an inconsistency which has no parallel anywhere around the world. Since the manufacture and marketing of agricultural chemicals is wholly undertaken by the private sector, why should the government be burdened with the heavy responsibility and expense of inspecting them? Clearly, the government appears to have taken over a function which the companies should perform. Under this arrangement, one side will always profit while the other side works to maintain quality. A biased mechanism such as this does not make sense. Furthermore, the government has to pay dearly for this system. But this is how it was started, and the system persists.

This is not the whole story. The manufactured chemicals must also be tested for their effectiveness against pests and diseases by the Regional Institutes for Research on Agricultural Warfare, which work independently from the Institute of Agricultural Warfare Chemicals and Equipment. Although the companies are billed for all these tests, their payments never cover all the expenses.

In reality, all this work must be done by the private companies which import, manufacture and sell these chemicals. The companies themselves must be responsible for the testing and the research.

The companies can license their own products. They can state on their products the materials that were used, their physical and chemical properties and their relative effectiveness. They can then test samples of their products in their own laboratories or testing grounds to confirm their claims scientifically and practically, and, finally, they can market those products that pass all these tests. This is how this procedure must be implemented. A similar situation exists in the inspection of the equipment and machinery used in agricultural warfare. In addition to the heavy expense incurred in this area, the time of valuable men of science is also wasted, and, consequently, these scientists cannot direct their energies to more useful fields. This way, government research organizations are being used as if they were the subsidiaries of private companies.

Meanwhile, much more important work is being neglected. For example, research can be undertaken to develop pesticides by indigenous means in order to break the hold of foreign monopolies on agricultural chemicals. The toxicologic effects and characteristics of these chemicals on animals and humans in our environment can be determined. Research work can be undertaken parallel to work carried out overseas. Various anomaly symptoms arising from agricultural chemicals, diagnosis methods and antidotes can be determined, and chemical residues on fresh fruits and vegetables can be regularly monitored. These are particularly important research areas, because poisoning incidents and deaths caused by agricultural chemicals are not at very low levels in our country.

The government institutions must direct their efforts to the manufacture of agricultural chemicals which need only locally available raw and filling materials. Each year, \$60 million to \$70 million are spent to import these products. The total quantity of chemicals used in agriculture each year costs 9 billion Turkish liras. It is clear that very large sums are involved. Synthetic and natural resources used in manufacturing agricultural chemicals can be found in our country, and it is worth undertaking research in this area. The development of chemicals for agricultural pest and disease control accelerated after World War II in particular. This development continues with new innovations. Are we going to import these innovations from abroad forever? Are we not going to have inventions of our own? The well-trained academic personnel and the agricultural school research units of the Institute of Agricultural Warfare Chemicals and Equipment have the capability to bring new innovations in this field. Furthermore, extensive laboratory facilities are available.

Our knowledge about the various aspects of agricultural chemicals is highly inadequate and does not match the level achieved by foreign researchers. In fact, what we know is what we have imported from them.

The functions of the said institute must also include the inspection and testing of export products to insure that they meet legal standards of the buyer countries.

The Institute currently has the capability to provide many technical services which we would not like to consider in detail at this point. The waste of this very important resource must be prevented.

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