HEALTH & DISEASE

V. D.

1975

to

1982

HANSARD 10 15/4/75 Q. Columns 697-98

Venereal diseases

*16 Dr A I BORAINE asked the Minister of Health:

Whether consideration has been given to making venereal diseases notifiable; if so, with what result, if not, why not.

The DEPUTY MINISTER OF SOCIAL WELFARE AND PENSIONS (for the Minister of Health):

Yes, but it has been decided not to make venereal diseases notifiable, because:

(a) Legal provision already exists by which a patient found to be suffering from such a disease can be forced to submit to treatment until cured. This provision also applies to contacts, but both patient and contact remain unidentified.

(b) Not all venereal diseases are dangerous.

(c) Free diagnostic and treatment facilities are provided by the Department of Health for venereal diseases on a country-wide basis for all races.

(d) It is a social disease and has its very own mode of transmission, legally enforced notification will drive sufferers and contacts underground and deprive them of diagnosis and treatment.

(e) Experience gained by countries like the United States of America and Australia where medical practitioners are under legal obligation to notify venereal diseases, such forced measures have proved to be a failure and a bare 25 per cent of cases are being officially notified.

Health + Dis - Venereal Diseases

Question
Write on both sides of the paper

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(1 (Health + Dis Venereal Dis)
(2 -4

ivestigating venereal district

Graaff-Reinet Advertiser 8/5/75

NINE POSITIVE CASES FOUND IN SAMPLE TESTS

ON instructions of the Department of Health the incidence of venereal disease in the division of Graaff-Reinet is being investigated, according to a statement made by the chairman of the Divisional Council, Mr W. J. Minnaar.

This investigations follows on representations made by the Graaff-Reinet Farmers' Union, who were concerned at the growing incidence of VD in this area.

The Camdeboo Farmers' Association last year did a sample test in their ward and found that one in six had contracted VD.

The Graaff-Reinet Farmers' Union felt that the authorities should launch a campaign in the division against VD, and offered to find qualified nursing sisters in their areas who could take the blood tests.

The authorities are wary about large-scale VD campaigns because the cost of diagnosis was so high

Farmers have been told that penecillin injections could quickly remedy the problem, but the problem was that such injections could not be given indiscriminately.

In her quarterly report the FB sister of the Council, Sister I. E. Dames, said that a sample of 122 Wasserman tests had been taken in the districts. Nine were found to be positive

She also reported that 44 cases were being treated

Mr Minnaar said that the Department of Health had instructed the Council to conduct an investigation into VD in the district.

He recalled how when he and Col W. L. Kingwill, former chairman of the Council, had been to Cape Town to discuss with State Health officials the growing incidence of VD in the division as far back as 1951, they had been informed that the State had only R300 (then it was £150) on their budget for VD in the Cape Pro-Province. They did not deem the matter serious.

Mr Danie Els said that the increase in VD was a phenommon. The same applied to Graaff-Reinet.

Mr J. T. P. Swart, magistrate, said that since the pill had been introduced as a means of contraception, VD had spread like wild fire across the globe It has got out of hand in overseas countries.

Mr Minnaar said that when Dr Rauch, a full-time district surgeon in Graaff-Reinet, and his wife had fought VD he had been horrified at the number of children suffering from blindness caused by VD in parents.

"If people only had the courage to report the sickness, it could easily be controlled," he said

THE ARGUS, WEDNESDAY NOVEMBER 26 1975

MoH on poor Coloured conditions

THE social and economic conditions of the Coloured people in Cape Town are on the whole unsatisfactory with malnutrition, a high illegitimacy rate and poor housing, according to the Medical Officer of Health, Dr R. M. Langerman.

The report, which covers 1974, outlines the social and economic differences between Cape Town's White community, its Black inhabitants and the Coloured people.

Dr Langerman goes on: 'A section of them (the Coloured people) are skilled tradesmen and earn good wages, but the majority are unskilled labourers and many of the men earn less than R20 a week in full employment.

INCOME

'The family income may be augmented where possible by earnings brought in by the wife and children. The measures taken for the prevention and relief of distress are inadequate, and there is no compulsory insurance against sickness.'

The Coloured make up the majority of the residents in Cape Town. In 1974 there were 246 200 White people, 443 710 Coloured people and 95 000 Blacks living in the Peninsula.

MALNUTRITION

The report adds: 'There is much malnutrition among the Coloured people. Housing, apart from municipal schemes, is expensive and poor.

'The social and cultural level is low but is showing signs of steady improvement.

'The principle of compulsory education does not as yet apply to non-Whites. The illegitimacy rate is high and venereal disease is rife.'

'The social contrast between Whites and Cape Coloured people can be expressed by the statement that whereas among the Whites it is only a small minority who belong in the depressed classes. Among the Coloured it is the majority

HOUSING

'The same contrast is seen in housing conditions. A small minority of Whites live in overcrowded conditions, but the majority of the Coloured people do.'

The report says the various sections of the community are 'to a great extent inter-mingled.'

It adds: 'There is nothing approaching complete segregation of the races.'

The report says that the Department of Community Development's attempts to unscramble the present 'hotch-potch of White and non-White areas' is placing an additional strain on the municipality's attempt to reduce overcrowding and slum clearance.

MORTALITY RATE

The infant mortality rates, regarded as one of the most sensitive indexes of health conditions of a community, show that in 1974, 43 White infants under the age of one year died.

However, 526 Coloured babies and 296 Black babies under one year died in the same period.

The death rate for every 1 000 live births is 12.0 for Whites, 38.9 for Coloured people, 68.7 for Blacks and 29.1 for Asiatics.

The principal cause of death among non-Whites is gastro-enteritis. Among White babies it is prematurity.

PILL BLAMED FOR RISE IN SEX DISEASE

Daily Times 25/5/75

By RAY SMUTS

**N INCREASE in sex across the col-
ır line and the easy availability
: the birth control pill have been
ıked by experts to a dramatic in-
·ease in venereal disease in South
frica.**

he experts also main-
ı that sex education
schools could go a
g way in fighting
ereal disease.

ır A. H. Smith, the
annesburg Medical Of-
r of Health, told me
week: "Prostitution ac-
ı the race barriers has
eased enormously in
annesburg. "Our con-
ant venereologist re-
ts that a large number
nen are coming to our
cial treatment centre at
Johannesburg General
pital and admitting
ıng had sex with Black
stitutes," he said. "The
dence of venereal dis-
e is high anywhere
re prostitution is
h."

f the Pill he said: "It
made women freer
ı their favours, but is
ıgly said by some peo-
to be the sole cause of
. What cannot be den-
is that the old condom
yed a big role in pre-
ting VD."

Education

ır Smith, referring to
recent appeal by Mr
nel Murray, MP for
en Point, that VD be
de a notifiable disease,
l he felt this would be a
ıng move. "Notification
infectious diseases has
ıncreased our know-
ge of, say, whooping
tgh among children.

Venereal disease could
driven underground
e it to be made notifia-
. Notifiable diseases are
en not reported because
the very close ethical
ationship between a doc-
and his patient."

Speaking in favour of
ecucation at schools,
get VD from picking up a cricket ball or sitting on a toilet seat. And if kids don't know what sex is all about, how can they know about VD?"

There were, he said, only two solutions to VD — sex education to children on an ad lib basis, and the development of vaccines against gonorrhoea and syphilis, the two most common forms of venereal disease.

Dr Smith said the number of voluntary attendances at municipal clinics had increased from 300 to 600 a year since 1960.

"But the only fairly reliable statistic we have is from a random sampling at our medical examining centre where we examine something like 160 000 Black work-seekers each year and where the incidence of VD has increased six-fold since 1960."

Dr Smith's counterpart in Cape Town, Dr R. M. Langerman, told me: "Where there is promiscuity there is VD. Although most Whites who suspect that they have VD consult their own doctors, there has been a marked increase in attendances at our clinics."

Dr Langerman disclosed that the number of new cases at Cape Town's municipal clinics had risen from 3 227 in 1960 to 8 963 in 1970 and to 13 062 in 1974.

"The good old condom which acted as a barrier is virtually out. The Pill has certainly increased promiscuity and consequently made people more susceptible to contracting VD."

From Mr Lionel Murray, made available to him had put the increase in VD in South Africa's six major cities at 100 per cent over the past 15 years.

Speaking recently in the House of Assembly, Mr Murray said the use of the birth control pill had brought about a doubling in the incidence of VD over the past few years, especially among young people.

The disease, he said, was affecting 100 South Africans each day. In Cape Town alone there had been 1 000 new cases of VD among young people during 1973.

Mr Murray told me the symptoms of VD need not necessarily be so patent that a person was aware he had contracted the disease. He felt it important that people should know all about the symptoms.

Nonsense

"Making VD notifiable is the only way of determining how high the incidence is.

"The Minister of Health says that making venereal disease notifiable has not worked abroad as sufferers don't voluntarily go along for treatment. That's nonsense. You can make a disease notifiable and still have a person maintain his anonymity.

"If they (the Government) don't like calling it sex education at schools, then it should be part of health education."

In his recently published book, "Sex and VD", Professor Derek Llewellyn Jones, a leading British authority, comments: "It is an odd comment on society that man can spend 120-billion US dollars to go to the moon and merely bring back some kilograms of rock, but mankind cannot devise a vaccine to eliminate gonorrhoea, which last year infected at least 200-million people, or syphilis, which infected 50-million."

He concludes by saying: "Education in human sexuality, its delights and its consequences, is needed. This should start in primary schools and continue through the school years. It should also continue through the mass media, so that all citizens may know their responsibilities if they develop a venereal disease."

(1)

150 cases of VD a week

RDM 12/7/75

Own Correspondent

UMTATA. — More than 150 people were being treated for veneral disease in Umtata every week, the health officer, Dr J. H. Hofmeyr, told a meeting of young people in Umtata.

He had been invited to give a talk on veneral disease by the Umtata Youth Club.

The diseases were becoming so common, Dr Hofmeyr said, that doctors did not know what to do. The people who came in for treatment could all be cured but this did not get to the source of the infection.

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1. Health + Disease - Nutritional Defic... 3-34
2. 124
3. 85
4. Health + Disease - Venereal Disease 238

Venereal disease

711. Mr. H. E. J. VAN RENSBURG asked the Minister of Health:

(1) How many new cases of venereal

The MINISTER OF HEALTH:

Venereal disease is not a notifiable disease, therefore no statistics are available.

More VD: a case of easy sex

DAILY DISP (Idaba) 2/4/76

By Sydney Moses

Venereal disease is on the inrease in the rural areas of the Transkei.

Grey-heads attribute this to the laxity in the stringent application of the Xhosa moral code. This has led to sexual freedom among the youth.

Young people are said to be ignoring the "metsha" custom of external play and are indulging in the real thing.

The Custom of "ukuhlola" — regular inspection of young girls to see if they are still virgins by old women — is dying out. Modern people regard this practice as unchristian and barbaric.

Red-blanketed people still insist on "ukuhlola." This custom has deterred young girls from love meetings.

The Umtata municipal health officer, Dr J. H. Hofmeyr, confirmed that VD disease had been rare in the country areas. "It all ties up with modern city life and easy sex," he said.

It was a social disease and an attempt at assessing the incidence of VD in the Transkei had been made.

About seven percent of all Transkeians have venereal disease and of the women known to have psyphilis in the Umtata area 42 percent are under 18.

These statistics were revealed in a paper read by Dr Hofmeyr at the Transkei and Ciskei Research Society's congress in East London.

He said the information was gathered with the help of other doctors and hospital superintendents in the Transkei.

"The incidence of V.D. in the Transkei is high," Dr Hofmeyer said. "It almost certainly going to go up."

Health education had helped to dispel Xhosa beliefs about the disease but there had been no change in their sex habits, nor was any effort being made to bring in the "pool" of infected women for treatment. More males report for treatment.

Clinics to deal specifically with venereal disease have been established in each district in the Transkei and patients can be treated in all hospitals in the territory.

An official of the Transkeian Department of Health said there was no epidemic of the disease in the Transkei. Venereal disease was being treated like all other diseases that were common.

ednesday May 24 1978

Star (92)

VD on the increase... and resisting drugs

Science Editor

Gonorrhoea, most common venereal disease in the world, has now become as resistant to conventional antibiotic treatment in South Africa as in the United States, where the process has been causing concern for several years.

At the same time the incidence of the disease has increased markedly in this country, as in the rest of the world, particularly among younger people.

A study by the Department of Microbiology at the SA Institute for Medical Research and Wits has indicated that as many as 10 percent of people with gonorrhoea harbour these resistant organisms.

They do not respond to conventional treatment with the antibiotics penicillin, tetracycline and erythromycin — mainstay of gonorrhoea therapy

"This makes for a potentially serious situation," says Professor Hendrik Koornhof, head of the department.

"These resistant organisms are still sensitive to an antibiotic called spectinomycin, but it is not yet regarded as the drug of choice and cannot replace penicillin."

This higher estimate probably reflects the experience of the last two years in which iron ore output has reached levels two and three times what they were in 1970 - and this has been connected with the development of a special transport infrastructure to make access to export markets on this scale possible. Presumably expansion will not continue at recent enormous rates but it seems sensible to revise the Plewman range up somewhat.

Coal

In this important case von Wielligh's projection is lower than Plewman's. von Wielligh projects at the historic (1941-75) rate of growth of coal output at 4 per cent per annum - whereas Plewman, allowing domestic demand to grow at either 5 per cent or 8 per cent per annum, and exports at 5,7 per cent per annum, produces an overall 5,1-7,8 per cent per annum range (5-8 per cent, effectively).

It would be possible to launch into a very detailed discussion about these coal output projections. There is not space for it - and we have not researched the whole problem. On the basis of what is available we incline to the Plewman view - but towards the lower end of his range. This growth range implies a 2000 A.D. output figure of between 260 and 550 million tons a year. It is not difficult to show that a figure of at least 300 million tons is quite plausible: Escom estimates for electricity generation are 110-120 million; the pyrolysis of coal and the use of 'char' in power stations could push this up another 70 million tons (see D. Horsfall, "A prognosis for coal in an integrated fuel technology", Optima, vol.26, no.2); Sasol needs have been put a
may run at up to 40 million tons d
structure is available (Etheredge),
transport and domestic uses - whic
In summary: growth at 6 per cent
figures for output in 2000.

Platinum

Again von Wielligh is well below
cent per annum - which is surpri
for 1941-75 that he reports (17,
historic rate is presumably heav
in this period was growing from

MoH lays blames for VD on repressive laws (92)

CAPE TIMES 5/12/78

THE city's medical officer of health, Dr R J Coogan, has rapped repressive measures against prostitution as a hindrance to good health control in Cape Town.

The criticism is contained in his latest annual report which reflects a falling birth rate and a slight rise in notifiable diseases, including sexually transmitted diseases.

Among factors "favouring the continuation of the VD problem" were public apathy, the modern permissive society, the decrease in use of mechanical contraceptives and "the absence of any health control over phenomena such as prostitution which is inevitable by the strictly repressive social and legislative milieu".

Asked to comment on this Dr Coogan said prostitution was a worldwide problem but when it was repressed and driven underground control of the associated health problems became impossible.

The city's population was also exposed to continual infection through its port facilities, problems caused by the migrant labour system, lack of immunisation agents and the failure of the human body to develop immunity.

"These factors make the prognosis for the future control of sexually transmitted disease a poor one," the report said.

AFRICAN HISTORY II

Seminar programme : 3rd Quarter, 1978

Week 1

This meeting will discuss an article by Raphael Samuel, 'Local history and oral history', History Workshop Journal, No.1. (Copies in short loan).

This article draws its material entirely from English history, but it raises many issues that should prove helpful to most members of the course in their piece of original research.

COLONIAL RULE

Week 2

African Chiefs and European Administrators.

An examination of the practical working of the system of Indirect Rule in Northern Nigeria.

Basic Reading:

Robert Heussler — The British in Northern Nigeria (especially chapter 5 "D.Os and Chiefs", see also chapter 2).

Additional Reading:

It is essential to have some familiarity with the Northern Nigerian situation. Hallett, Africa Since 1875, pp.285-317 will provide a broad introduction. See also Crowder, West Africa under Colonial Rule, pp.132-144, 198-226, and Collins, Problems of the History of Colonial Africa, Problem III, especially Fitzpatrick, pp.118-124 and Perham, pp.141-147.

Week 3

The administrator as novelist: Joyce Cary's view of British Administration in Northern Nigeria.

Basic Reading:

Joyce Cary — Mister Johnson (Please use Penguin edition).

Background Reading:

M. Foster — Joyce Cary. A comprehensive biography.
M. Mahood — Joyce Cary's Nigeria

PROTEST: CASE-STUDIES

Week 4

Women and protest in South Africa - the F.S.A.W. and the anti-pass campaign in the 1950s.

Basic Reading:

C.Walker — 'The Federation of South African Women, 1954-1962'

Additional Reading:

'Drum' magazine, November 1957; March, May
F.S.W.A: Collected documents, (folder on
M.Horrell — The Pass Laws, SAI
S.Robinson — "Our women are a roc of liberation in So Vol.VI, No.1, 1975.
E.Roux — Time Longer than Ro
S.A.I.R.R. — Survey of Race Rela
H.J.Simons — 'The status of Afric
Africa in Transitio
J.Yawitch — Natal 1959 - the Wo

Week 5

Interpretations of Mau-Mau. Mau-Mau remains one episodes in modern African history. Should the barbarous terrorist movement or as a patriotic n purely Kikuyu revolt or as a civil war between t in Kikuyuland.

Basic Reading:

O.W.Furley — 'The Historiography o Politics and Nationa

Additional Reading - Interpretations of Mau-

J.C.Caruthers — The Psychology of Ma
F.D.Corfield — The Origins and Growt
F.B.Welbourn — Review of the Corfiel
S.Cloete — Storm over Africa, A
J.M.Kariuki — Mau-Mau Detainee, 196
G.Delf — Jomo Kenyatta, 1961
A.A.Mazrui — 'On Heroes and Uhuru W Uhuru Worship, 196
A.A.Mazrui — 'Mau-Mau in two dimens
C.Rosburg and J.Nottingham — The Myth of Mau-Mau,
D.L.Barnett and N.Jararu — Mau-Mau from Within,
B.A.Ogot — 'Revolt of the Elders: a Crowd in the Mau-Ma Politics and Nationa
F.Furedi — 'The Social composition Journal of Peasant S
F.Furedi — 'The African Crowd in N
A.F.G.Schutte — 'Mau-Mau', African Studi
G.Lamb — Peasant Politics, 1974

NEW DIRECTIONS IN AFRICAN HISTORY

Week 6

Basic Reading:

C.van Onselen — 'South Africa's Lumpen- of London, I.C.S. C

Even 'jolly nice people' have VD

Own Correspondent

LONDON. — Venereal disease, once shamefully hidden and only talked of in whispers, has become the acceptable ailment of "jolly nice people".

Stockbrokers, company executives, middle class housewives, women doctors, diplomats, solicitors and retired people are among those who have paid R88 for private treatment at the British United Provident Association's "special clinic" opened six months ago near King's Cross, London.

This is the only private clinic in Britain which diagnoses and treats venereal disease.

"Without exception they are jolly nice people," the doctor in charge of the clinic said. "They are thoroughly decent men and women, responsible citizens and mostly happily married.

"Many become infected in the Far East where it can be an insult to turn down your host's offer of a 'woman.'"

Korea tops the list for giving British visitors the infection, followed by Bangkok, Singapore, Manila, Hong Kong and Japan.

Others seek treatment after holidays in the Mediterranean or Switzerland.

with selected major categories of disease. Clearly, this is an entirely hypothetical situation. However, these competing risks life tables not only provide an indication of the relative importance of various disease categories to both the overall mortality experience and also to expectation of life of the three communities, but also, since there is an appro-

between the reduction of mortality and the
xpectancy, any improvement will give rise to
the expectation of life. Thus, if the
of the diseases included in Fig. 6 are re-
se in the expectation of life will be 50%

.

tic Diseases and Diseases of the Circulatory
community stand to gain most from measures
y of the selected diseases included in Fig.6.
:he Infectious and Parasitic Diseases,
amenable to the implementation of relatively

Venereal disease

711. Mr. H. E. J. VAN RENSBURG asked the Minister of Health:

(1) How many new cases of venereal disease among (a) Whites and (b) Blacks were reported in 1977 and 1978, respectively, in the (i) Randburg and (ii) Sandton municipal area;

(2) what was the total number of cases of venereal disease among (a) Whites and (b) Blacks treated in the (i) Randburg and (ii) Sandton municipal area in 1977 and 1978, respectively.

The MINISTER OF HEALTH:

Venereal disease is not a notifiable disease, therefore no statistics are available.

ACKNOWLEDGEMENT

The writers wisl oard of the Colonial Mutual Life Assurance Societ erous financial assistance.

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TABLE I ... PSYCHIATRIC SERVICES IN MATABELELAND

INTRODUCTION:

In developing countries, patients with psychiatric illnesses frequently present with somatic complaints ; consequently they may be hidden amongst the patients attending general medical out-patients where they may be over-investigated, misdiagnosed and mismanaged (Giel & Harding 1976)(1).

This is obviously expensive in terms of human and material resources and in order to reduce these costs in our own practice, twice weekly psychiatric clinics were introduced into Mpilo Hospital. Originally the clinics were intended to bridge the gap between Ingutsheni Hospital and the provincial follow-up service which was introduced in 1973 (Buchan and Hudson 1975)(2), but their functions have broadened to include a diagnostic service for the general hospital itself and a considerable amount of psychiatric out-patient treatment.

Figures for the number of cases seen at the clinic each year are set out in Table I.

However, it was by no means certain whether:-

a) in the brief time available a diagnosis could be made with sufficient accuracy to be useful.

b) patients could be adequately managed in an out-patient setting without prior admission to hospital for stabilization on treatment.

In order to clarify these issues it was decided to undertake a prospective study of a small sample of newly referred patients.

Patients and Methods:

During the period 29th November 1977 to 2nd February 1978, 21 clinics were held at which 104 newly referred patients were seen. For the purposes of the study "newly referred" was defined as meaning patients who had had neither in-patient nor out-patient treatment previously - as far as could be ascertained.

/...2

TABLE I

Number of Cases seen at the Psychiatric Out-patient C...

YEAR	
Total Cases See	
New Cases*	
Old Cases	
Cases admitted ... Ingutsheni Hospi...	

(* 'New cases' ar... illness durin...

Anxiety over growth of venereal diseases

SEXUALLY transmitted disease (STDs) present South Africa with a problem of great significance for the health of the nation, but no co-ordinated effort was being made to solve it or even keep it within bounds.

This was the unanimous view of a meeting at the College of Medicine in Johannesburg which was recorded in the latest South African Medical Journal.

In an editorial, the journal says the trend around the world where statistics are published has for over two decades been steadily upwards. The traditional syphilis and gonorrhea had been joined by a formidable list of other diseases, some of which were out of control in the developed countries.

It was decided at the meeting to form a Society for the Study of Sexually Transmitted Diseases in Southern Africa.

Mr. Ron Ballard of the South African Institute for Medical Research, who was appointed to form a steering committee, pointed out that in one South African mine there were 87 cases of venereal disease (VD) per 1 000 workers annually as against 152 treated for the common cold. At one city health department (Johannesburg), 112 000 cases were treated in one year — that is five percent of the population.

Associated infections are a serious maternal and child health problem of prime concern to the State:

'The volume of research emanating from South Africa is ridiculously small and the old-time venereologist, with his wealth of expertise is a specimen of a dying race,' the editorial says.

The medical profession should concentrate on the indiscriminate use of antibiotics which has contributed to the rise of drug resistance. Symptomless infections had gone undetected because of inadequate tracing and screening of contacts and treatment had often been inadequate through failure to keep abreast of therapeutic developments.

Those attending the meeting agreed that teaching about STDs was inadequate in South Africa.

'The journal suggests the treatment of population groups at high risk 'where these can be identified,' and the possible use of nurses and others to carry out tasks so far reserved for doctors.

'We might also consider what advice can be given to the powers that be about controlling menacing situations.'

23/6/81 (92)

'Apartheid's VD legacy

92

RDM 11/7/80

By MARILYN ELLIOTT

THE policy of separate development and its ramifications — migrant labour and lack of recreational facilities for urban blacks — are major factors in the spread of venereal disease in South Africa.

This is the view of Mr Ron Ballard, chief scientific officer of the Department of Microbiology in the School of Pathology of the University of the Witwatersrand and the South African Institute for Medical Research.

Mr Ballard says that the factors listed in any standard text as responsible in sexually transmitted disease make it clear the present socio-economic conditions in South Africa allow the diseases to thrive.

"While it's true that there is a high incidence of these diseases in other parts of Africa, local legislation — such as influx control — affects the incidence adversely," he says.

Mr Ballard has spent the past seven years researching venereal disease with grants from private companies and the Medical Research Council.

Last night he gave a lecture to general practitioners at the College of Medicine in Parktown.

"We have to de-stigmatise the concept of VD. One of the best ways to do this is to launch a comprehensive sex education programme at schools," he said.

One of the major points he made was that the diagnosis of various types of VD is difficult as many symptoms overlap.

Non-gonoccocal urethritis (NGU), for example, is often diagnosed as gonorrhoea and treated with penicillin.

NGU, however, responds not to penicillin but to tetracyline or erythromycin. As a result of this incorrect treatment, the infection is passed on and is one of the major causes of pelvic inflammatory disease and sterility.

And a Rand Daily Mail correspondent reports from Cape Town that a report in Readers Digest this month says an increasing number of South Africans are falling victim to NGU.

● See Page 9

New campaign to check VD

Star 23/8/79 (92)

Concern about the increase in VD in Johannesburg has led the city's health department to launch a campaign to publicise the treatment available.

"The increase fits in with what is happening in the rest of the world but we are concerned that so few people seem to be getting treatment," said Dr E L Fisher, the medical officer in charge of venereal disease in the department.

Because it is not a notifiable disease no accurate statistics are available. But it is known that in six of South Africa's large cities, in which 40 percent of the population lives, the incidence of VD doubled from 1960 to 1970. It is believed to have doubled again since then.

In Johannesburg the number of people visiting the department's special VD treatment clinics has fluctuated over the past few years. Last year, for example, only 2 505 whites, 346 coloureds, 29 Indians and 13 061 blacks were treated.

Dr Fisher stressed that, with modern treatments, VD could be cured relatively quickly and said it should be treated as an illness rather than as a social stigma.

There are about 12 different kinds of venereal diseases and not all are noticeable or painful in the first stages. Dr Fisher advised "anyone in doubt" to see his doctor or clinic.

Treatment at the department's clinics is free and confidential, and appointments can be made if necessary. Patients are urged to take their contacts (partners) with them.

The department plans to place posters, urging people with VD to see their doctor or city health clinic, in strategic places including toilets in hotels, sportsgrounds, stations and airports.

The white VD clinic is at the Civic Centre, Braamfontein (725-6030, ext 3205), Indian clinic at the Lenasia Civic Centre (852-1234) and 18 Hoek Street (29-5241), coloured persons clinic at Nancefield (944-0921) and Hoek Street and the black clinic at Hoek Street. They all operate on different days and at different hours.

Epidemic warning to London's swingers

The Star Bureau

LONDON—Big cities like London face the risk of an epidemic from a form of venereal disease which is super-resistant to standard drug treatment, a British VD specialist has warned.

Dr Duncan Catterall, director of the sexually transmitted diseases clinic at Middlesex Hospital, said at present VD clinics were seeing only about 30 to 50 cases each a year.

But they feared this number could increase at any time.

Dr Catterall reported on an outbreak of the super-resistant VD — a form of Gonorrhoea unaffected by penicillin.

OUTBREAK

"Should such an outbreak occur in London, control would be very much more difficult."

The problem of super-resistant VD is among the topics being discussed this week when the first African conference on sexually transmitted diseases opens in Ibadan, Nigeria.

Health authorities in Africa were concerned since the only effective treatment for it was with drugs which cost between R11 and R15 an injection.

NM 17/9/79

Shock Durban VD figures (92)

Science Correspondent

A SURVEY carried out in the Durban area shows there could be as many as 150 000 cases of veneral disease in the city each year.

This was said yesterday at a community health symposium held by the Department of Health in Durban.

"But VD is not a notifiable disease, so there are no reliable figures," said Dr. R. H. Brown, Durban's assistant Medical Officer of Health.

A "notifiable disease" is one which, when diagnosed, must be reported to the health authorities.

There were 16 286 proven cases of VD at King Edward VIII Hospital in 1978. About 25 000 patients there thought they may have been infected.

"But the majority of people who suspect VD go to private doctors so I contacted a representative sample of these. Although there could be gross inaccuracies in this approach, there could also be as many as 150 000 cases a year," said Dr. Brown.

Many of these are re-exposures, people who have been infected more than once, he said.

While the figure of 150 000 might be on the high side, a conservative one would be 60-65 000 cases annually.

The problem was mainly confined to Blacks, said Dr. Brown.

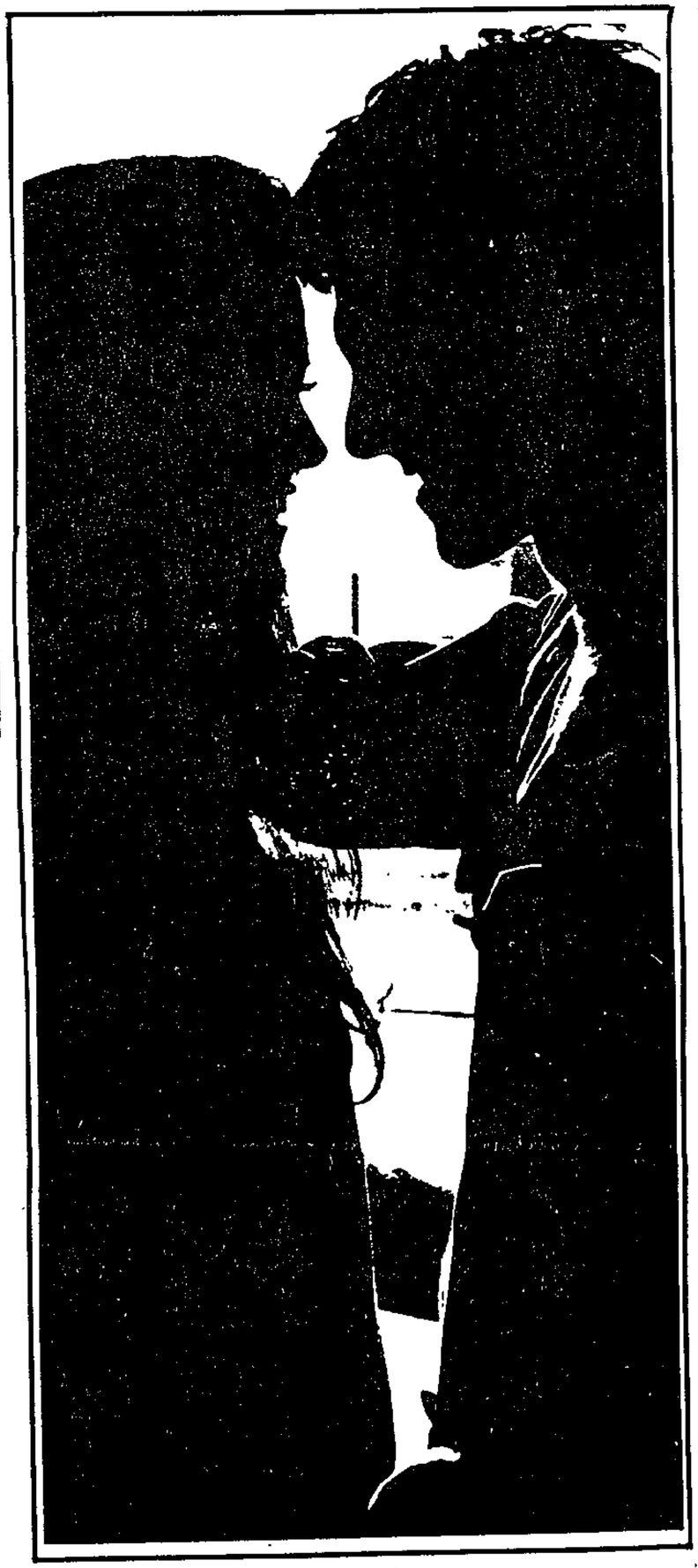
"While the work of the City Health Department in respect of tracing VD contacts is the best in the world, private practitioners need a lot more training in this under-the-carpet subject."

More public facilities were also needed to deal with VD he said.

Should school children learn about VD?

If your teenager was taught about venereal disease at school, would you be alarmed or relieved that he or she was learning about the basic, horrifying facts of life? Last week, doctors told INGRID NORTON why a campaign in schools should be initiated.

Focus on HEALTH



● More people of all classes are falling victim to venereal disease because contraceptives have freed people from sexual inhibitions.

THE incidence of venereal disease is reaching alarming proportions in South Africa. Between 1960 and 1970 the number of reported cases doubled — and since 1970 it has doubled again.

Last week, a senior spokesman from a municipal health department called on white senior schools to campaign for regular visits by health inspectors and doctors, so that pupils from the age of 12 upward become familiar with the facts of VD.

"The municipal health departments are not allowed to lecture in government schools. It is about time the schools themselves did something about this problem. The time for ignoring the unpleasant truth has passed," he said.

Ignorance and increased lack of sexual inhibitions due to freely available contraception, are the main causes for the frightening escalation.

"Health departments do a fair bit of campaigning in private schools and in non-white clinics, but the majority of children in government schools, miss out completely.

"We find there are many blacks attending the VD clinics and many are being treated.

"Whites tend to visit private doctors, thus eliminating any chance of obtaining a true incidene statistic, but we do know VD is a real problem."

A veneral disease called non-gonococcal urethritis (NGU) has become the most widely transmitted disease in the United States. In the next 12 months it is expected to afflict an estimated 2,5m Americans, and will create a group of men and women who will remain totally sterile.

This strain of VD (NGU) can fatally affect the foetus of an infected other and can seriously harm new-born babies. It is being described by doctors who diagnose it as a mild, harmless infection. But even Penincillin is ineffective in treating it.

Because VD is considered a shameful and embarrassing disease, victims attempt some form of home treatment and when the symptoms vanish, imagine they are cured. "But the disease can manifest itself up to 20 years later in blindness, deafness and even insanity," a Johannesburg doctor said.

"It would be a very good idea if schools in this country were to start lecturing students on the subject. The facts would certainly act as a deterrent."

The three main veneral diseases are syphillis, gonorrhoea and non-gonococcal urethritis, and all are passed on by intimate physical contact with someone already infected. Syphillis is the most serious, and can be transmitted even by kissing.

Untreated gonorrhoea can lead to heart disease and sterility.

NGU has long been overshadowed by gonorrhoea. Both diseases produce urethritis, an inflammation of the urethra, the passage through which urine flows from the bladder. The secretion that accompanies NGU is sometimes so slight that it goes unnoticed by both patient and doctor.

In women, NGU can be even more insidious. Usually, it is not apparent at all, produces no symptoms and remains unnoticed in the cervix.

While simple tests have long been available for gonorrhoea, only recently have methods been developed to detect NGU. These are complex and not yet widely available to doctors. Once NGU is suspected, effective treatment consists of a week-long course or longer on an antibiotic by mouth.

More than one-third of American men treated with Penicillin for gonorrhoea and seemingly cured, developed symptoms all over again at a later stage. There is now strong evidence that at least half these cases are due, not to the recurrence of gonorrhoea, but to NGU acquired at the same time but which took longer to detect. It is therefore vital that there are regular checks for NGU.

Such measures can do much to bring under control the stealthy, serious and increasingly widespread problem of NGU and related venereal diseases.

Do you know?

- The number of reported new cases in South Africa's six largest cities doubled in the decade, 1960 to 1970 and has since doubled again.
- More people of all classes are falling victim to venereal disease because contraceptives have freed people from sexual inhibitions.
- Syphillis can be passed on even by kissing.
- Untreated, it can cause insanity, paralysis, blindness, deafness and heart disease.
- Five out of six infected women pass venereal disease on to their unborn children.
- There are no pills or ointments on the market that will treat venereal disease.
- Symptons, if untreated, may vanish and it may be anything between five and 20 years before heart disease, insanity or blindness set in.
- Women can easily be carriers of the disease without even knowing it.

...in South Africa



Ignorance is rife—study

Education has enormous potential for controlling the spread of venereal disease, as several overseas studies have shown.

But even though there is no ideal situation anywhere, VD education offered in South Africa is far less than that in other Western countries.

In 1978, a group of eight fourth-year medical students from the University of the Witwatersrand did a study to assess the level of venereal disease education in white Johannesburg society. The study showed up the complete lack of VD education in schools and a general ignorance among both adults and young people.

The results of the study are published here for the first time.

With the greatest incidence of VD among teenagers and young adults, the students approached the Department of Education for permission to conduct the study in Government schools. It was refused, so private high schools were substituted.

The study group comprised 100 students at private high schools, 100 students from technical training centres and colleges and a further 100 university students.

The results showed a very meagre knowledge of venereal disease, with the university students no better informed than those from high schools. English-speaking students were found to be better informed than Afrikaans-speaking, and males generally more knowledgeable than females.

A three-part questionnaire submitted to the participants dealt with knowledge of VD, their attitude to it and their feelings about VD education. A score of 70 percent was calculated to show a desirable standard of knowledge.

Twenty-six percent of the English-speaking group had a desirable over-all score, while only 13,5 percent of the Afrikaans-speaking students scored reasonably well. Males were found to be twice as well informed as females.

These statistics imply that cultural differences play an important role in VD — sex and venereal disease are not dealt with as frankly in an Afrikaans home as in an English one. It was also obvious than males are more overt and open about sex.

All those questioned said there should be a co-ordinated programme of formal venereal disease education in schools for students between 12 and 16 years of age.

In the English-speaking group, 80 to 90 percent had been informed about VD, half of them by their parents and the rest by books, magazines and friends. Of the Afrikaans young people, 60 percent had prior knowledge from friends and books, but none of them had been informed by their parents.

All felt they needed more knowledge about VD and suggested schools, books and magazines were good media.

Among the recommendations of the medical students conducting the investigation at the schools were that VD should be classified as a notifiable disease as are other infectious and communicable diseases such as typhoid and tuberculosis.

They suggested the Government allot more money for research and development of VD vaccines, and advocated the setting-up of health education units or divisions throughout the country to be staffed by specialists in the fields of advertising, education and medicine.

Case history

An ordinary young man

He first noticed something was physically amiss on the plane returning from his holiday in Europe.

He'd had a good time, acquired some delightful female company. And now it looked as if he'd acquired something else, too.

"But I never thought of VD," he said. "I mean, I'd always thought of it as something you picked up from prostitutes. It was something sleazy and it just never crossed my mind I would ever get it."

He's an ordinary young man, a writer, who mixes up and down the socio-economic scale. He could be anyone's son — or boyfriend. And he's typical of the hundreds being treated each week in Johannesburg's VD clinics.

FRIEND

A doctor friend diagnosed his complaint as venereal disease and suggested he go to the municipal clinic at the Civic Centre.

"I was told the clinic specialised in the disease, so would be better. And I'm really thankful I went. I hated the thought of going, expecting it to be a back-alley type of place.

"But it is clean and the people professional and really helpful. They soon told me I had gonorrhoea and suggested I bring in my fiancee, because I was worried I'd infected her since I'd been back."

As with most young men who don't want their wives or girlfriends to suspect, he suggested to his fiancee that the clinic could clear up the problem she'd had with thrush, a vaginal infection.

CLEAR UP

"They did clear it up, and they also found out she hadn't caught gonorrhoea."

Soon after that he and his fiancee broke up — not because of the VD, he said, but merely to part for a while.

Things went along happily for a while, then he met a nice young girl ("very prim and proper") and things went even better. But one day, with a sinking feeling in his stomach, he noticed his problem was back.

"I couldn't believe it. I knew it couldn't be the new girl, because I'd only slept with her once, just the night before. And VD doesn't show up overnight, it takes two to five days."

Back he went to the clinic and sure enough — VD. This time, however, it was diagnosed as non-specific urethritis, a fairly common variety of sexually-transmitted disdisease and not difficult to cure even though there's no vaccine for it.

UPSET

"The hard part was to tell the girl. She was furious, really upset. And her parents came to town right then, which made it worse, because they insisted on going to the clinic with her and found out why.

"It was a bad time, but her test proved negative and she decided to have the treatment anyway, just in case.

"The whole thing was really traumatic for me. I'd never really been sick before and then to get something like this!

"I'd thought venereal disease was a thing of the past. Now I find almost everyong I talk to has some form of VD or thrush or a genital disease.

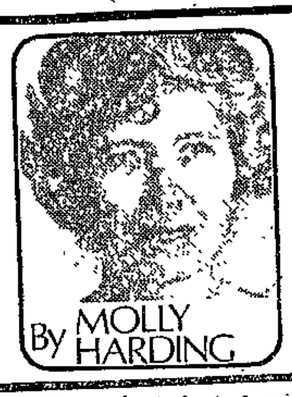
PENICILLIN

"And the gonorrhoea I picked up in Europe didn't respond to penicillin, which scared me at first. They then treated it with something else.

"I tell you, it's put me off women. I've turned down quite a few offers since then. The only way I'll ever sleep with a woman again is if I use a condom. It might be a passion-killer, but at least it's protection."

VD is increasing...

The incidence of venereal disease is on the increase world wide and this includes South Africa. What is being done to combat this major health problem here? The Johannesburg Health Department has undertaken an intensive campaign of education and the City Council Health Clinics treat about 80 people a day. But what about education for teenagers and young adults where the incidence of VD is greatest? The results of a study, published for the first time today, show a complete lack of education in schools and a general ignorance about the subject.



By MOLLY HARDING

"In the past two years, I can only remember one girl who told me she was a prostitute. But who's to say? If they tell me they're secretaries, then they are secretaries!"

It was Dr E L Fisher talking, a man who was the Opposition spokesman on health for 20 years, practising his profession part-time when not occupied with Parliamentary duties. He's at the other end of middle-age now, with a twinkle in his eye and an irreverent wit that makes him the ideal person to confide your troubles to.

And he specialises in disease — venereal disease — trying to help wipe it out with the cooperation of Dr B Richard, chief Medical Officer of Health for Johannesburg, and of the public.

"Call it what you like — social disease, lovers' disease — it is still a disease and it can be cured. And if only people would realise we're here to cure illness not moralise about it, we'd get the job done sooner," he says.

CENTRES

VD is a growing problem, a major health problem in South Africa as in most other major centres of the world where men and women meet, have fun and sleep together.

It's no respecter of age, sex, wealth or religious inclination. It has been found and cured in everyone from saint to sinner, from judge to flower child. But the one thing all those who contract VD have in common is that they can be cured, often with just one shot of penicillin.

people were infected with gonorrhoea and 50 million had infectious syphilis. The numbers have escalated since that count.

In the US, statistics show a startling increase in the frequency of VD in teenagers. While there are no statistics available in South Africa, as VD is not a notifiable disease, there does appear to be a definite increase in patients in their late teens and early 20s.

WHY?

Why is it spreading? There are five main reasons.

1. **Mobility:** In most countries there's a persistent migration from rural communities and small towns into cities, where overcrowding and slum development lead to sharing of rooms. And single people, lonely away from their home communities, seek warmth in indiscriminate and casual sexual encounters.

2 **Addiction:** Drugs and alcohol have been proven to be a major factor in encouraging promiscuity.

3 **Permissiveness:** In many societies there's less stigma to marriage break-

But it can be cured

All of these encourage an increase in promiscuity.

4 **Contraception:** Use of the Pill to prevent pregnancy has lessened the use of the condom as a contraceptive. But the condom is also a protective device against disease, while the Pill and IUD are not.

(5) **Mass information:** Because of public education on the effectiveness of antibiotics over the last 25 years, the public now has little fear of disease, so is careless in its behaviour.

Dr Fisher adds another reason to these generally held — that of lack of hygiene. In casual encounters, particularly hurried or furtive affairs, the participants tend not to wash.

"It's up with the pants and out of the door — in some cases they don't [illegible] taking down

ex-examination and are told of the test results. Some have a red R on their charts, which means they have reinfected themselves.

But one visit or 10, they all get help, without lectures on morals, but advice on care, hygiene and effects of the disease.

The description "VD clinic" conjures up visions in the minds of the uninitiated of a sleazy, back-alley type of operation, where patients sidle in, coat collars up and furtive eyes scanning the floor. It couldn't be further from the real thing.

The municipal health clinics [illegible] for VD patients at fixed consulting hour. On other occasions they offer other medical services.

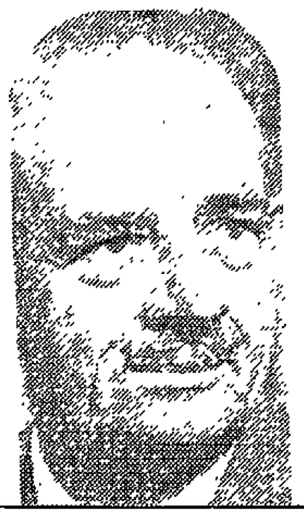
It's spotlessly clean. Instruments and floor alike, gleaming and sterile. Its waiting room smells **BET-**

girlfriends.

"When a fellow comes in and asks for help, I ask him about his wife or girlfriend. It's not up to me to break up a marriage or love affair because of an indiscretion. We don't moralise or act as detectives," Dr Fisher said.

"But I do stress that it is important to treat not just him but all his sexual contacts. If we don't cure those as well they're just going to keep on passing VD around."

Though Dr Fisher has a lot of success tracing contacts of infected people the hard ones are the



treated at the clinic, one finds representatives from all walks of life — the professional and businessman, the artisan, the transport worker, the unemployed, the very poor, and the very wealthy.

The women are home economists, fashion models, housewives, secretaries, waitresses, typists, teachers, business managers and university students.

The school-going child is a rarity at the clinic, although there are probably teenagers with VD. These are usually treated by the family doctor, Dr Fisher said.

He says there are now fewer cases of inherited diseases with newborn babies, thanks to the good ante-natal and maternity care available at Johannesburg's hospitals.

When a pregnant woman goes for a check-up, a blood sample is taken and syphilis can be diagnosed very quickly. She can then be treated and cured before the baby is born, said Dr Fisher.

What about the younger generation? How can our children learn what they need to know to prevent these formidable diseases? Dr Renate Westphal, the

l threat

"Any attempt to get a political solution will be very dangerous. The only way to solve the Cambodian problem is to fight and back the Khmer Rouge guerillas," Chinese officials say.

But the Khmer Rouge have failed to turn back the Vietnamese. And surviving Cambodians do not want Pol Pot's murderous mob back, preferring to be governed by the Heng Samrin regime controlled by Vietnam.

Pot backers, former royalist supporters of Prince Norodom Sihanouk and officials from the right-wing Lon Nol regime which Pol Pot toppled.

Waiting impatiently in exile is Sihanouk, 57 now, overweight, sporting a crew cut but as volatile and mischievous as ever.

As king he once massacred communists only to side with them later. Now he has turned against his

that Sihanouk is the trump card in the Cambodian pack — a prince for all political seasons.

Asean is not alone in looking for a political settlement. Washington ushered in the new season of compromise in February when it engineered the downfall of Thai premier Kriangsak Chomanan. He advocated a hard line on Cambodia and was voted out to be replaced by Tinsulanond, a more pliable general.

The Thai parliament and military establishment will never support a premier who does not have Washington's backing.

Kriangsak on Feb 13 has now called for a po ical solution in Cam dia. And he has dang the bait of diplomatic cognition and aid Vietnam if Hanoi go along.

Holbrooke told Kriar sak that Washington fea that the Russians, un their influence in Viet was checked — would tain full use of bases s as Danang and Cam R Bay in Vietnam and K pong som in Cambodia.

This would improve Russians naval capab to operate both in gulf region and, above the Indian Ocean, wit

is a total harbouring the germs. A good wash with soap and water might have removed any germs that had been there."

BLOOD TEST

Dr Fisher treats about 80 people a day at the City Council Health Clinics. Each patient has a blood test done, smears taken for diagnostic confirmation and treatment started immediately.

Some need only one injection, but all are encouraged to return for

boastfully, and with its topnotch expertise and equipment, the clinic certainly offers the best help available.

Nowhere is there a sign or a door proclaiming its activities. And a series of connecting doors makes it possible for patients to be channelled into rooms without saying where they're going.

Most of the clinic's VD patients are men, and a large percentage of them come back for a second visit with their wives or



DR E L FISHER — "We want to cure a disease, not moralise or act as detectives. . . ."

casual encounters, he said. When a man or woman is travelling around the country and having casual sex encounters, they often don't know the names or the addresses of their contacts.

Among the men being

Other infectious diseases such as diphtheria, whooping cough and smallpox have been controlled and virtually eliminated by antibiotics, vaccines and public health measures.

"But so far we have failed to find an effective vaccine against the sexually transmitted diseases," said Dr Fisher. "One infection does not immunise a person against a second infection. Research workers, however, are busy investigating the efficacy of the drugs used and suggested for rapid cure.

"We hope this will lead to further improvements in treatment."

But it's up to every man and women who participates in sexual relationships to keep a wary eye out for the symptoms of VD.

Are you worried you could be a victim? Then telephone 28-1363, extension 3278. The clinic will help you. Consultation and treatment are free. If you prefer, telephone your family doctor. But do **SOMETHING — NOW!**

cationist, to ask ourselves if teaching young adults about VD is a parent or teacher role. I feel health workers should join parents and teachers in looking at all the health problems of children and adolescents.

"We would support any school that wanted to put on a programme of social education, and information on VD would be included in a broader approach. We'd share whatever knowledge we have.

The health department is trying to combat the spread of VD and offer help to the infected by putting brilliant orange notices in all public toilets. They also approached and have had a good response from hotels and sports clubs, where notices might attract needy tourists.

Any man or woman who develops an ulcer on the genitals or a discharge from the urethra or vagina and who has had sexual intercourse recently, should go to a doctor and have tests done.

There's nothing to be ashamed of in having become infected, Dr Fisher stressed. But what is stupid and dangerous for their community, is not going for medical help when the symptoms occur.

As long as sexual intercourse outside marriage continues, and as long as it is considered indecent to talk about sexually transmitted diseases, they will be spread and be difficult to control.

Education is needed on human sexuality, say doctors. It should start in primary schools and continue into adulthood. And research work today must be aimed at finding possible vaccines against the disease, Dr Fisher said.

"The bugs are becoming tougher, more resistant to the old cures, which worked so well."

An ominous social iceberg

(92) RDM 11/7/80

Sexually transmitted diseases are the most widespread infectious conditions after the common cold. But people still believe they are picked up in sleazy Soho. MARILYN ELLIOTT, medical reporter, examines the growing problem.

IN Leviticus chapter 15 there is an admirable description of how men and women may cleanse themselves of "the issue".

The cleansing includes a sacrifice of turtle doves or pigeons to God as an atonement for contracting what is today known as VD.

Nothing has changed. Today, people are still sacrificing. The World Health Organisation has announced that VD is the most common infectious disease after the common cold.

Yet, in South Africa there is only one venerealogist registered with the South African Medical and Dental Council. It is a disease swept under the carpet of Christian ethics.

More myths and taboos surround this disease than any other. No-one talks about it. But there is reliable evidence that an alarming number of South Africans have NGU — Non-Gonnococcal Urethritis — which is one of the major causes of pelvic infection and sterility.

Statistics are hard to find. The Department of Health in Pretoria cannot tell you how many people contract VD in a year. One of the Department's top epidemiologists, who studied VD for several years, says attendances at clinics throughout the country only hint at this largely hidden social iceberg.

In 1972, the then Minister of Health, Dr Schalk van der Merwe, warned that VD was reaching epidemic proportions in South Africa.

From 1960 to 1970 the known incidence of VD in the Republic more than doubled and doctors say it's not inconceivable that it has since doubled again.

VD is a misnomer. The elite will tell you that syphilis or gonorrhoea is picked up from dirty sailors in dockyards. Not true. First, there are five different types of venereal disease.

They are: syphilis, gonorrhoea, chancroid, LGV (lymphogranuloma venereum) and granuloma inguinale. There are also a host of sexually transmitted diseases like NGU, genital warts, Herpes Simplex Type 2, pubic lice, scabies, trichomonas, candida, and in homosexuals, hepatitis B.

While one shot of different types of penicillin can cure both syphilis and gonorrhoea, other antibiotics are needed to cure the rest. And in the case of Herpes Simplex 2 — a viral infection, there is no known cure.

Like the common cold, there is no vaccine. The reason for this is that the bacteria which cause many of the diseases operate externally.

There is no effective immunity of the body to this infection. Researchers are working on a vaccine, but in 2 000 years there has been little progress to prevent sexually transmitted diseases.

The only effective way of controlling VD is to screen the population but this is difficult and impractical.

In Johannesburg, there are two STC (Special Treatment Cinics) operating from the Civic Centre and Hoek Street.

Treatment is free and discreet. Dr E L Fisher, one-time MP, is now head of the VD clinics for City Health in Johannesburg. Last year, the department treated 5 197 blacks and whites for VD and in the first quarter this year, have treated 2 550 people.

The marked increase in the number of people being treated is probably the result of widespread publicity received in the late half of 1979, says Dr B Richard, Medical Officer of Health.

This week, Dr Fisher was trying to cope — and doing it pretty well — with nearly 90 cases a day. These figures, however, are not a true reflection of the amount of sexually transmitted diseases in the country. There have been arguments for and against making VD a notifiable disease.

Says Johannesburg researcher Ron Ballard, who has a vast knowledge of the subject: "People do not want others to know they have had VD. This is obviously a problem if one is to make it notifiable."

One of the great problems of VD is a lack of awareness of the problem. Doctors feel education should begin in schools. They also feel that the overwhelming presence of VD in our community is a result of latter-day promiscuity.

"It's about time the authorities mounted a drastic media campaign. Radio, Press and television commercials will do the trick as well as posters and pamphlets," says Mr Ballard.

Johannesburg's City Health Department is responsible for the bright stickers which now jar the eyes in sports clubs, night clubs etc.

But what is needed is a concerted campaign by State Health.

Here are some signs and symptoms described by Prof C B S Schofied, consultant in sexully transmitted diseases in Glasgow, of the more "serious" types of VD. Learn them well and if you need attention, go the the addresses provided below.

SYPHILIS: The infection is usually transmitted by sexual contact and much more rarely by kissing or bodily contact. The course of syphilis is more severe in men than in women. A hard reddish nodule appears on the genitals a few weeks after intercourse. If left untreated, the disease progresses to the second stage. Usually there is a rash, headaches and nausea. Tertiary syphilis appears much later and its results are horrific. There is irrevocable damage to nerves and muscles.

GONORRHOEA: Discharge and pain on urinating a few days after intercourse. Sometimes gonorrhoea does not present symptoms in women. Left untreated, it may cause sterility.

CHANCROID: Less than a week after intercourse, painful and inflamed lesions develop into ulcers on the genitals. Left untreated, it can result in severe haemorrhage or gangrene.

NGU: A slight discharge a few days after intercourse. You may pass blood on urinating. May cause sterility in both men and women.

If you need help:

For Whites — the Civic Centre clinic, 2nd floor, Room 2185 in the north wing every afternoon except Wednesday from 2pm to 4.30pm.

For blacks, Indians and Coloureds — 1st floor, 18 Hoek Street. Tuesdays, Wednesdays and Fridays from 8am to noon.

You may also see your nearest Provincial Hospital.

This VD may be wrongly treated

CAPE TIMES 10/7/80 (92)

Staff Reporter

MORE AND MORE South Africans are falling victim to a venereal disease they have never even heard of and worse still, many doctors are treating it incorrectly, says a report published this month.

The report, in the latest issue of the Reader's Digest, says the disease has similar symptoms to gonorrhoea and is often incorrectly diagnosed and treated as such.

The disease is known as non-gonnococcal urethritis (NGU), a term which covers all inflammation of the uretha not caused by gonorrhoea. A recent study in a Johannesburg VD clinic found that 46 percent of white men diagnosed with urethritis had NGU.

According to the South African Institute for Medical Research (SAIMR), this only indicated the extent of the problem as most whites were treated privately and the disease was not notifiable. The disease was dangerous because it was often ineffectively treated with the same antibiotic used for gonorrhoea.

Sterility, arthritis, eye disease

If incorrect treatment continued the sufferer could become sterile, contract a painful form of arthritis or pass on eye diseases to children at birth.

The report said gonorrhoea and NGU affected the same group — mainly those between 16 and 30. An added danger was that it was possible for women to have the disease and show no symptoms.

Cape Town's medical officer of health, Dr R J Coogan, said local figures showed a downward trend in the disease for groups other than white "but as most whites go to private doctors it is difficult to assess the extent".

He assured Capetonians that NGU was "a well-known entity" at City clinics could be certain of correct treatment.

DD - Indaba 25/12/80 (92)

More catch VD — and they keep on coming back

By Stan Hlophe

PORT ELIZABETH — Statistics on sexually-transmitted diseases, especially among blacks are "very disappointing especially when consideration is given to the amount of time and energy expended in tracing and encouraging contacts of cases to attend clinics for examination and treatment".

Port Elizabeth's medical officer, Dr J. N. Sher, said in his annual report that figures concerning such diseases were "unwelcome".

Among all races in Port Elizabeth during 1979 10 121 new cases were treated and diagnosed in clinics.

This gave a rate of 22,35 a 1 000 population, compared to 19,39 in 1978.

A total of 9 179 new cases were recorded among blacks. The incidence of the disease had almost doubled since 1970, when the rate was 24,31 for every 1 000 population. Last year the rate was 46,27.

The figure for new cases among coloureds was 849, compared to 857 in 1978 and a peak of 1 296 in 1971.

Those recorded among whites increased from 80 to 90. The figure for whites in 1970 was also 80. It reached a peak of 103 in 1975.

Cases among Indians dropped from four in 1978 to three last year.

Dr Sher said regular reappearance of individuals at treatment clinics was commonplace. Some clients had a portfolio of veneral infection, reinfections and treatment.

He asked whether treatment was not too easy or convenient?

He said it had been mooted that levying a charge might have a salutory effect, but on the other hand it could influence some not to come for treatment at all.

Dr Sher said the high incidence in blacks was most notable.

"One wonders whether the provision of more recreational facilities in these districts, whereby 'excess energy' can be channelled into much more healthy pursuits would not have some beneficial effect — this especially so among the youth of the townships concerned", he said.

He said the social problems associated with "imported" labour living in the so-called single men's quarters all had a bearing on the incidence of these diseases.

He also pointed out that tubercolosis remained a major public health problem, with 2 185 new cases being discovered during the year.

He stressed the need for greater community awareness of the symptoms of the disease to ensure early detection and prompt and effective action.

Doctor hits at Cape farmers

RDM 15 10 81

92

Mail Correspondent

FARMERS in the Greater Cape Town area have been criticised by the Cape Divisional Council Medical Officer of Health, Dr L R Tibbet, who says in his annual report that poor living conditions and low wages continue to contribute to serious health problems among farm labourers.

Dr Tibbet also warned that "we appear to be losing ground in the battle against tuberculosis in the non-white population groups".

In his 1980 report — he says the farm labourers of Philippi were one of the most depressed.

Alcoholism and poverty were rampant, nutrition was poor and the quality of life low.

On Constantia, he said: "Poor housing and low wages of much of the farm labour continues to contribute towards the problems of alcoholism, tuberculosis, child abuse and neglect and malnutrition, all problems in one of the country's wealthiest areas".

In the Durbanville area nearly 5 000 visits to clinics were made during the year because of venereal diseases. A survey on VD in the area had indicated "a most alarming incidence of 15,7% in the farming population of this area".

"Over-crowding was apparent in 45 out of 76 dwellings and with poor hygiene and sanitation the ideal conditions for endemic syphilis and other diseases arise. Infestation of flies can only complicate matters."

Referring to TB, Dr Tibbet said because it appeared the fight against the disease was being lost among blacks and coloureds, better housing and economic improvement for these groups were top priorities.

He expressed the hope that State cuts on finances this year would not affect the supply of drugs used in the treatment of TB.

Check everyone for VD, says sociologist

Mercury Reporter

LEGALISTION of brothels will not combat venereal disease in any big way — only regular check-ups on a national scale of the whole population will keep the soaring disease rate under control.

This was said yesterday by Mrs Simone Baverey, a sociologist and the national adviser for social welfare for the National Council of Women.

She was reacting to a statement by Durban's Medical Officer of Health, Dr Colin Mackenzie, who has called for legalisation of brothels in an attempt to control the rising VD rate.

'For a start there are many prostitutes not attached to brothels. What about control over them? And of course VD is not only carried by prostitutes either,' Mrs Baverey said.

She said South Africa should introduce a more widespread and routine way of checking the population.

Married

When she had worked in France in the 1950's she said the health authorities had reduced the incidence of VD drastically by having annual national checkups of all people in business and industry throughout the country.

'As well as that everyone had to undergo a medical examination before getting married and have a VD check after the first three months of pregnancy. But of course it was easy in France because it was a Socialist country and all medical services were free,' Mrs Baverey added.

She said for decades the French health authorities had registered each prostitute with a registration card which was stamped to show she had had a six-monthly VD check-up. A special section of the French CID kept checks on them.

When a prostitute moved she informed the central register in Paris and her details were transferred to a register in the town to which she had moved.

'This system might or might not work in South Africa, but it certainly reduced VD cases in France drastically,' Mrs Baverey said.

Anxiety over VD among blacks

ARGUS 9/12/81 92

Argus Bureau

PORT ELIZABETH. — More than 10 500 cases of sexually transmitted diseases among blacks — the highest figure in the city's history — were treated at health clinics here last year.

This was revealed by Dr J N Sher, Port Elizabeth's medical officer of health, in his annual report.

Dr Sher said the figures made for 'sorry reading' in spite of the minor fluctuations up and down the scale for the white, Asian and coloured population groups.

He warned that the pattern would continue until adequate social and recreational facilities, better street lighting and improved streets were provided so as to encourage 'a more adequate, satisfying and normal socialisation' within the townships' populace.

'Such measures could go a long way to reducing the very high level of promiscuity among the black youth and also have some effect on the illicit sex life of others,' she said.

Concern over VD incidence in coloureds

(92) Star 31/8/87

Sexually transmitted diseases are increasing among teenagers and people between the ages of 21—35 in coloured townships, doctors and social workers have revealed.

They warned that, unless an educational campaign were mounted to make youth aware of the dangers in sexual promiscuity, venereal diseases would become epidemic.

A Newclare doctor said he was treating about 10 cases a week. A doctor in Riverlea said an 11-year-old girl was among his syphilitic patients. She admitted having had sexual relations with "more than a dozen" boys.

A spokesman at the VD clinic in Hoek Street, Johannesburg, said they were between 50 and 70 patients a day of all races with syphilis, gonorrhoea, herpes and other sexually transmitted diseases. He agreed that there was a "fair number" of young coloured people receiving treatment.

But he did not think teenagers were too promiscuous. He said most were experimenting with sex out of ignorance. The easy availability of oral contraceptives had made youngsters reckless, he added.

"The male no longer fears impregnating a woman with whom he has intercourse and, as the frequency with which he has sex increases, so does the risk of disease," the spokesman said.

A social welfare worker said: "There is a shocking number of rapes on schoolgirls and teenagers by disease infected thugs."

She added that promiscuity among teenagers was "getting out of hand."

Community workers blamed the deterioration of morals among youth on discos in the townships where, they said, drink, drugs and sex were the trend.

Church leaders said there was a breakdown in Christian values in many homes, resulting in teenagers going astray.

Methodist minister and community worker the Rev Cecil Begbie, called on church leaders to launch a concerted religious campaign among youth to awaken them to Christian values.

Mr Begbie also blamed the "un-Christian smut; nudity and immorality with which films, magazines and some newspapers are bombarding our children."

'Love virus' dormant in PE — MOH

Post Reporter

THE incurable "love virus" herpes appears to be dormant in Port Elizabeth unlike Cape Town where 76 people were treated at municipal clinics in the past three months.

Port Elizabeth's Medical Officer of Health, Dr J N Sher, said herpes simplex virus 2, which causes genital infection in both men and women, was rare in Port Elizabeth.

He said it was difficult to diagnose. Initial attacks lasted three weeks and recurred at invervals for the rest of a person's life. These subsequent attacks were often of a shorter duration than the initial attack.

Dr Sher said it had been suggested that malignant changes in the cervix could be a result of herpes in women.

There are two types of herpes simplex. One causes the common cold sore on lips and the second causes genital infection in both men and women.

It is usually painful and severe.

Herpes is incurable and infectious. Sufferers must learn to live with it for life. It is not a notifiable disease.

Dr Sher's advice to people was to "lay off casual sex" or to take precautions if they could not.

He urged people who thought they might have contracted a venereal disease to report to their family doctor or to any municipal clinic from Monday to Friday.

All treatment was confidential and the clinics were open to people of all income groups. They were not restricted to people in lower income brackets.

An important part of treating venereal disease was contact tracing, he said.

28 000 cases of VD in City

Cape Times 30/9/82 92

Municipal Reporter

LAST year's 28 800 reported cases of sexually-transmitted diseases have been described as "probably the tip of the iceberg", by the Medical Officer of Health, Dr R J Coogan.

The figures indicated "a thoroughly unsatisfactory state of affairs" in dealing with the infections both in Cape Town and nationally, he said in his heath report for 1981.

In 1975 when a worldwide upsurge of venereal disease (VD) was at its peak, 37 304 patients attended the City's clinics.

Many patients not included in last year's record were treated by their own doctors, hospitals and elsewhere.

Increases in the diseases compared with 1980 were confined to males. A drop was reported for women of all races, as well as teenagers.

Other comments made by Dr Coogan included:

- Cancer was for the first time the leading cause of death last year in all race groups except Asians.
- A shocking increase in the number of murders within the municipal area.
- Infant mortality rates continued to drop with the white rate comparable to any North American or European city.
- Fifty percent of all coloured women of childbearing age attended family planning clinics.
- With a present population of 973 180, Cape Town is comparable to Birmingham, Britain's largest city after London.
- Although smog occurred over the Foreshore on 51 days, Cape Town was among the world's cleanest cities.
- Rigid financial control was exercised by the City Health Department, resulting in an expenditure increase of 7,2 percent — six percent below the national inflation rate.
- The increasing population of urbanized blacks living permanently in Cape Town was socially and economically worse off than the coloured population.

Venereal diseases show an increase

8/10/82

(92) E. Post

Post Reporter

THE incidence of sexually transmitted diseases in the Port Elizabeth municipal area increased by 2 433 cases during 1981.

Figures released in the 1981 annual report of the Medical Officer of Health, Dr J N Sher, show an increase in new cases among all population groups.

Dr Sher pointed out, however, that the figures applied only to patients treated in municipal clinics. Cases treated by private practioners and hospitals were not included.

"The rise in incidence is probably due to an increase in population. Permissiveness, overcrowding, inadequate socialisation, unemployment and lack of hygiene are all contributing factors," he said.

A breakdown of the municipal figures for the last three years is given below:

- Whites: 1979, 90 cases; 1980, 71 cases; 1981, 96 cases.
- Coloureds: 1979, 849 cases; 1980, 874 cases; 1981 988 cases.
- Blacks: 1979, 9 179 cases; 1980, 10 520 cases; 1981, 12 814 cases.

Of 13 909 patients, 4 684 were treated for gonorrhoea and 3 862 for syphilis.

The balance was taken up by other types of sexually transmitted diseases.

Point ratepayers to lodge complaint on all-race toilet move

Municipal Reporter

DURBAN'S Point Ratepayers Association would object if the council opened public toilets to all races, because it feared this would increase the incidence of venereal diseases among whites

But several doctors have said these fears are unfounded

Mr Clarence Cheek, ward councillor and member of the Point Ratepayers' Association executive committee, said 'Although the matter has yet to be debated in council reports have been called for on toilets which could be integrated

'We are going to lodge a formal objection with the Town Clerk and will call on all the other ratepayers associations in the city to do the same

Durban's deputy Medical Officer of Health, Dr N Becker, said if toilets were integrated there would be a greater chance of white users picking up secondary syphilis and advanced gonorrhea from toilet seats

Other doctors in private practice disagreed that VD could be caught from toilet seats One quoted an article by the Medical Association of South Africa which stated categorically that VD could not be passed on in this way

Blacks leaders lash councillor's VD slur

Mail Reporter

LEADING blacks have been infuriated by remarks made by Mr Clarence Cheek, a Durban ward councillor and member of the Point Ratepayers Association, who said blacks were carriers of venereal diseases and should not be allowed to use white toilets.

Dr Nthato Motlana, chairman of the Soweto Committee of Ten, said: "There is convincing evidence that the perverted pill-popping white community is as riddled with venereal diseases as blacks."

He said there was no evidence that VD could be transmitted through toilet seats.

"VD is transmitted through the age-old method, which Mr Cheek should know at his age," Dr Motlana said.

Mr Cheek is objecting to a council move to open public toilets to all races. He said the high incidence of VD among blacks had to be taken into consideration.

Mrs Bernadette Mosala, director of Home and Family Life Division at the South African Council of Churches, asked whether Mr Cheek and members of his association had examined their domestic workers for VD infection before employing them.

"We cook their meals, clean their houses and do their washing, but suddenly, when it comes to toilets, we are riddled with diseases."

CURRENTS IN SCIENCE

SALDRU
SCHOOL OF
U.C.T.

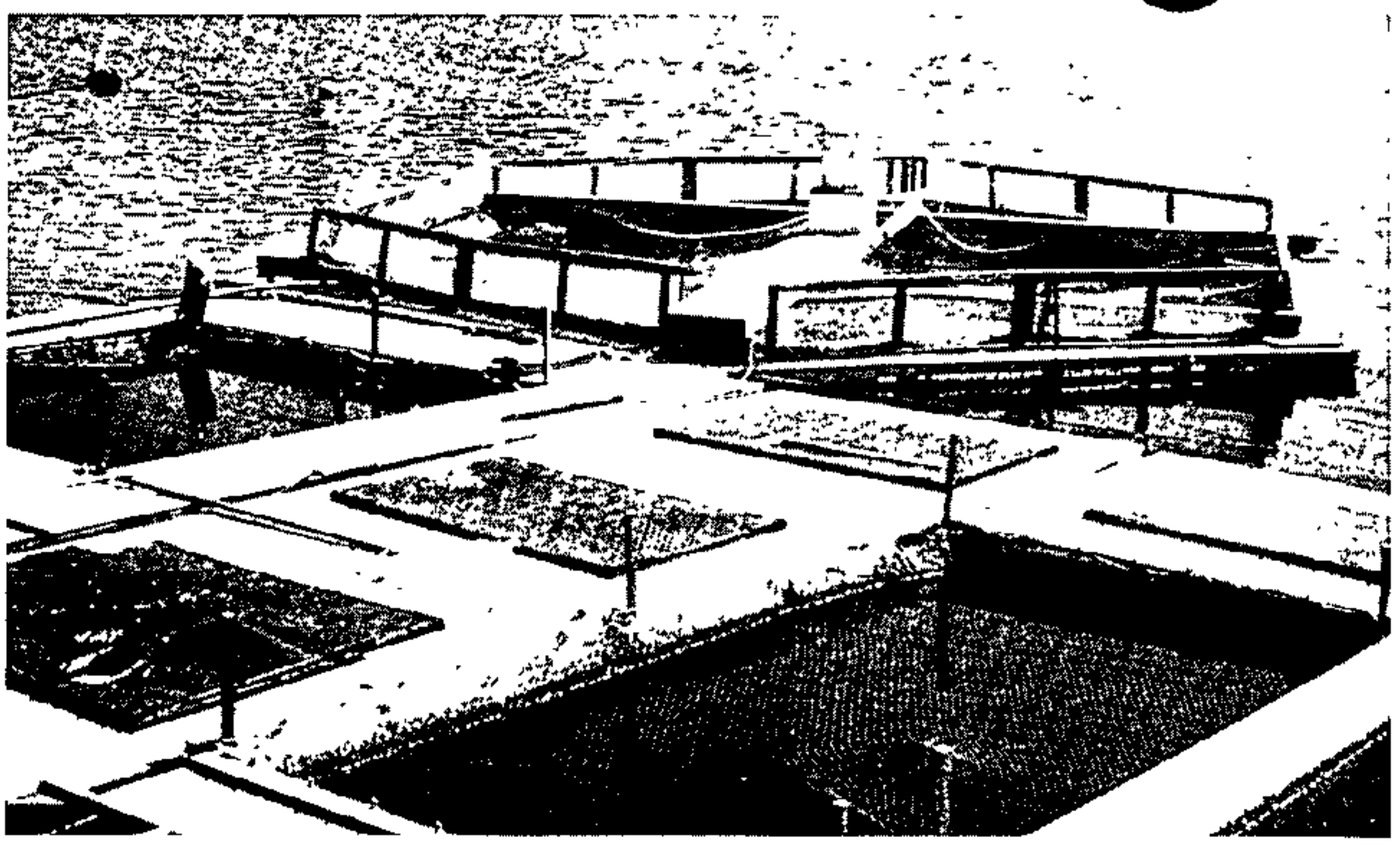
AQUA

An increasing appetite for seafood in America and declining stocks of naturally available fish because of pollution and overfishing have led to the increase of the aquaculture industry in the United States.

The controlled cultivation and harvest of water-dependent plants and animals, the industry is centered in the Southeastern states of the United States — where the once lowly catfish is now king of the aquatic roost — and the West Coast — where production includes shellfish, mussels, several varieties of oysters, trout, and salmon.

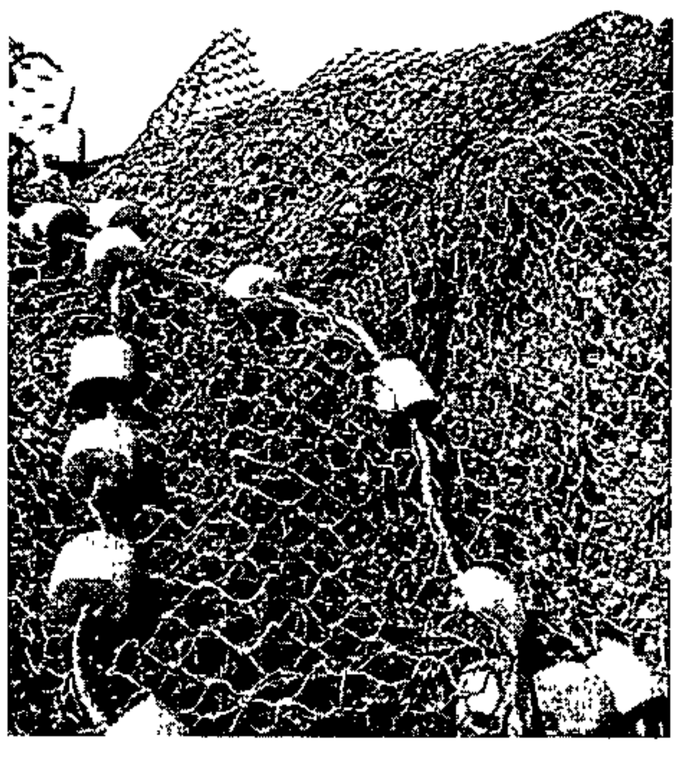
According to the U.S. Department of Agriculture, American fish and shellfish farmers in 1986 sold 241 million kilograms of product, which was almost triple the amount sold in 1980. And U.S. production is expected to top 450 million kgs by the year 2000.

All of that is comparatively small, however, compared to world production, listed at more than 10 billion kgs annually, a figure expected to double by the year 2000.



Left Fish farmer harvests catfish Above. Artificial ponds in which catfish are reared





And with a projected demand for seafood approaching 109 billion kgs and a projected shortfall of 20 billion kgs by the turn of the century aquaculturists are trying to fill the gap with a home-grown product.

"The future looks brighter and brighter," says Bob Rosenberry, editor of *Aquaculture Digest*, a monthly trade publication with subscribers in 50 countries that concentrates on shrimp and other shellfish.

In the 1970s catfish production began in earnest. The moist and sweet flavor of the fish — and the comparatively boneless nature of the filets — made it a commercial success. Today catfish farming is a $300-million-a-year industry and represents half of all U.S. fish farming revenues. Crayfish (15 percent of the U.S. industry), trout (15 percent), along with oysters, clams, mussels, salmon, and shrimp account for the rest.

Fish farming can be handled in the tidal pools and coastal areas, where tanks and nets can be used, or on land, in controlled ponds that challenge soccer fields in size.

"In aquaculture, all one really does is concentrate the animals you're growing in a small area and do your best to protect them from disease and predators," says Richard Glenn, the head of Seafarms West. His Carlsbad, California, company grows shellfish, mussels, three types of oysters, and is experimenting with clams and crabs.

Glenn grows his product in two hectares of lagoon north of San Diego, using techniques learned from world travels. He has modified, for instance, a trick of Italian fish farmers that uses heavy ropes strung horizontally on which mussels are



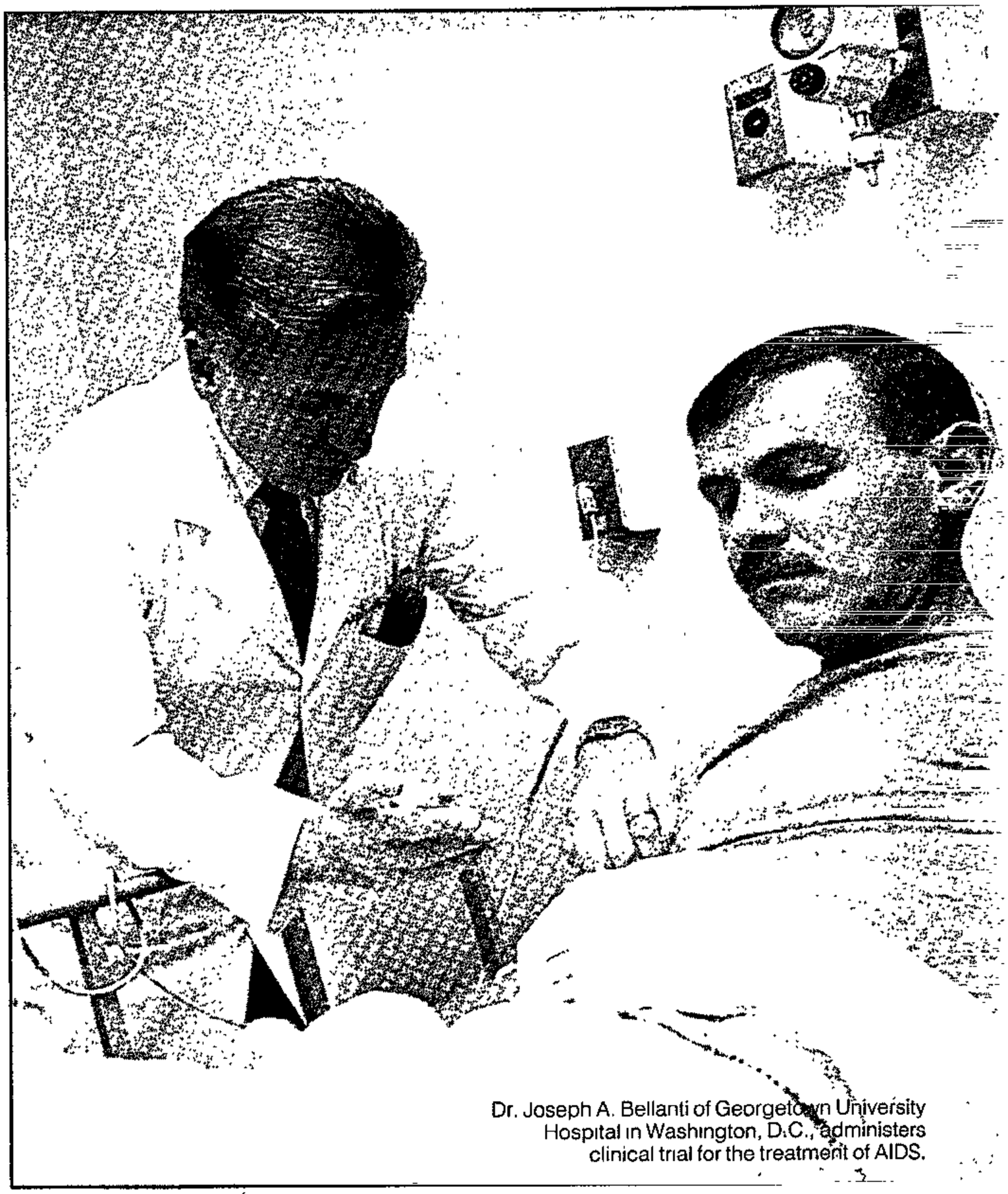
A caller from St. Kitts of the Lesser Antilles wondered whether there was any risk for either patient or dentist of getting AIDS during a dental treatment. Koop replied that the disease could be transferred if the dentist had a cut on his finger and the patient had a sore in his mouth, though transmission in this way would be very unlikely. The doctors recommended that gloves be worn by dental professionals to prevent the transmission of any virus, especially hepatitis.

And for a listener from Sault Ste. Marie, Canada, Koop explained that controlled studies in communities and in the laboratory have shown that though mosquitos and bedbugs can carry the virus, they lack the ability to transmit it.

A student from Trinidad was curious about what category of people are most likely to get AIDS and whether it was true that black people in the United States are more susceptible to the disease. While blacks comprise 12 percent of the population in the United States, they make up 24 percent of the AIDS patients, and Hispanics, who comprise seven percent of the population, represent 14 percent of the AIDS patients. Although AIDS is spreading most rapidly in the United States among these two groups, Koop believes that this phenomenon has nothing to do with race. "As far as we can tell it is spreading most rapidly among these two groups largely because of intravenous drug abuse and the heterosexual spread from a person who abuses drugs intravenously to a sexual partner."

The doctors also discussed the growing concerns and anxieties of health professionals who may come in contact with the virus. Dr. Akman advised them to "respect all body fluids these days and not take anything for granted." But Koop also pointed out that the virus is difficult to transmit. "If you stick yourself with a needle that contained HIV-positive [AIDS infected] blood, the chances of your getting it are 0.6 percent," he said. "If you do the same thing with hepatitis-infected blood, it is 26 percent."

When a listener in Jamaica asked where the virus originated, Koop took the opportunity to dispel a fiction disseminated by the Soviet Union about the origins of the disease. "There has been a campaign that this virus was manufactured in a laboratory in the United States and was lost track of and somehow escaped from Fort Detrick, Maryland. This is absolutely not true," he said. "The late Dr. Victor Zanoff of the Soviet Union made a very clear statement that this virus was a naturally occuring virus and that it was so complicated that he didn't think man could ever make it himself."



Dr. Joseph A. Bellanti of Georgetown University Hospital in Washington, D.C., administers clinical trial for the treatment of AIDS.

A World Health Organization assembly with 166 member countries which met in Geneva, Switzerland, in May 1986 agreed that AIDS is a disease caused by one or more naturally occuring retroviruses of undetermined geographic origin.

Dr. Zacarias emphasized to listeners that "It really doesn't matter where the virus originated. The concern is where the virus is going. That's why we're saying that there is not one single government that will be able to deal with this problem alone. We need the input of not only the health sector, but the community in general." □

For more information on the Acquired Immune Deficiency Syndrome or AIDS and how it is transmitted, write to:

World Health Organization
Special Program On AIDS
Geneva, Switzerland

families that overlook this and come to the support of the person who has AIDS."

But AIDS in the Western world is being transmitted more and more through heterosexual contacts — a development that poses a greater threat to society as a whole.

While the panel discussed these prominent aspects of the AIDS epidemic with host Jim Slade, calls from around the world lit up VOA phone lines.

Listeners in China, India, Malaysia, and the Seychelles sought advice on things that could be done to prevent the spread of AIDS in their countries The doctors agreed that the only tool in the prevention of transmission from one country to the next is education concerning the disease itself and how it is transmitted. "People need to know how to interact, how to discuss sex," Dr. Zacarias told the audience, "how to make sure they are not going to be exposing themselves or others to the virus causing AIDS."

The doctors added that mandatory testing of those entering a country would be extremely expensive, and this step, although it may slow down the spread of the virus, would not stop it from pervading the society. In China, where only two cases have been reported, health authorities are trying to teach health personnel and citizens to identify such AIDS symptoms as chronically swollen lymph nodes, fatigue, and a low- grade fever.

For those people who have been sexually active in areas of the world where the HIV virus is endemic, Koop advised, "If you are concerned about your status, the best thing to do is have a blood test to see whether you are infected." The AIDS virus stimulates the production of particular antibodies that can be detected in the blood of an infected person. The antibodies usually manifest themselves six weeks after a person has been infected. Anyone who tests positive can transmit the virus to others. "The results of the blood test," Koop elaborated, "should make you resolve (if it turns out positive) to protect any future sexual partners. But if you're negative, it gives you the opportunity to protect yourself from ever becoming positive."


Normal T-cells

The surgeon general's report (issued October 1986) states that the only ways to protect oneself are sexual abstinence, a monogamous relationship with someone who is not carrying the HIV virus, and use of a condom. But condoms, because of improper use or defects, are not always 100 percent safe.


HIV-infected T-cells

Koop hoped that those who do test positive for the virus inform public-health officials of their sexual history. Then those officials, with the understanding and permission of those involved, should check to see whether they test positive for the HIV virus. Koop also suggests another way for countries to check for the spread of AIDS among the population on a voluntary basis so that citizens can be forewarned: "Test cohorts in different parts of the country and, after a period of a few months, test them again and see if the virus has passed through any sexual contacts." But Koop warned that it is a difficult process that takes a great deal of epidemiological expertise and is expensive.

Koop advises those who refuse to have a blood test because they do not want to know whether they test positive to "assume you are positive and protect your partners."

An electronics engineer in Bangalore, India, asked whether there is a vaccine cheap enough to serve the population as a whole. Koop's response: "There is no vaccine at any price. There is just no vaccine. This is an extraordinarily complicated virus and we don't look forward until 1995 and perhaps later to something that can be used on the public."

Dr. Anthony Fauci of the National Institutes of Health in Bethesda, Maryland, had announced a few days before the *Talk to America* program that the institute will begin studies of a vaccine this year. Koop stressed that listeners should not misinterpret headlines that say a "vaccine is to be tested," to mean that health officials have a vaccine that is effective or that is available. "Vaccines have to be tested to see whether they are detrimental to patients rather than helpful to them," Koop explained.

All three doctors emphasized that although this disease is 100-percent fatal, it is treatable. "There are treatments for the infections that come with AIDS that can improve the quality of life and can extend the days and weeks and years of life," stated Dr. Akman, "and that's a source of hope for AIDS victims."

Doctors from Adelaide, Australia, and Lillehammer, Norway, inquired about such nontraditional methods of treatment as holistic therapy and psychosomatic medicine. Dr. Akman felt that some nontraditional forms of treatment are a useful adjunct to treatments the scientific community recommends. He noted that stress, depression, and anxiety have a deleterious effect on the immune system, so psychosomatic medicine — medicine that deals with the interrelationships between the mind, emotions, and the body — may help. "But before untraditional methods are used, we need tests that show they are actually working," Akman added.

A doctor in Chihuahua, Mexico, wondered whether acupuncture needles can transmit the virus. Dr. Koop answered that since acupuncture needles may be able to transmit the virus, they, like tattooing and ear-piercing needles, should be sterilized before every use.

For a listener in Larissa, Greece, who wanted to know a simple way to sterilize a needle, the doctors recomended either keeping the needle in water with a good rolling boil for five minutes or soaking it in undiluted bleach.

Several listeners' questions gave the doctors an opportunity to dispel myths about how the disease can be transmitted. Koop explained to a listener in Amsterdam, The Netherlands, that the treatment required for the disposal of a body that has died from AIDS as that necessary for any corpse. Dr. Akman, addressing listeners concerned with drinking from another's cup, eating at restaurants, using public toilets and telephones, and sharing an office with someone that has AIDS or a family member of an AIDS victim, asserted that "Studies show you just don't get the virus that way. The area of our lives we need to reexamine is our sexual behavior."



From left to right Dr Jeffrey Akman, Surgeon-General C Everett Koop, and host Jim Slade, on Talk to America program



Ruthy Hartanto, a summer intern for VOA's English programs, answers a call from a listener with a question for the doctors.

don't see it as a crisis yet, in terms of either educating themselves or educating others," he said, "so while we are clearly in the midst of a crisis, half of our work is trying to make people believe that."

According to the World Health Organization, the HIV virus which causes AIDS can be transmitted by:

- Sexual intercourse. Sexual transmission by semen and vaginal fluids can occur from man to woman, woman to man, or man to man.
- Blood and blood products. Transfusion of HIV-contaminated blood can transmit the virus. An increasing number of countries, however, systematically screen and reject blood containing virus antibodies.
- Shared needles. Users of illegal intravenous drugs are a major risk group because many of them share needles and syringes without proper cleaning.
- Mother to child. A woman infected with HIV may spread the disease to her child during pregnancy, during birth, or shortly after birth. An infected mother can also transmit the virus through breastfeeding.

In central Africa and on the western coast of Africa, heterosexual activity is the major way the disease is spread and as many women as men have been infected. But in Europe and North America AIDS cases have so far primarily involved homosexual males and intravenous drug abusers.

A patient who has contracted AIDS through homosexuality or drug abuse — behavior condemned by large portions of society — often faces social hardships as well as the hardships of the disease itself. According to Dr. Akman, many people around the world hold strongly negative views of homosexuality — a fact that frequently makes it difficult for a family to sympathize with the victim. On the other hand, Akman notes, "I've been amazed at the

On *Talk to America*

The Subject Is AIDS

BY ROBIN NEILSON

AIDS affects all of us. Since we don't have a cure for the disease and we don't have a vaccine against it, the question is how do we deal with it in the meantime and where do we start. For one thing, as deadly and dangerous as AIDS is, many of the fears surrounding it are unfounded. These fears are based on ignorance. This calls for urgency not panic. It calls for compassion not blame. And it calls for understanding not ignorance.

— Ronald Reagan, President of the United States, May 31, 1987.



On Sunday, July 26, these words served as the opening comment of VOA's special two-hour broadcast of the *Talk to America* program on Acquired Immune Deficiency Syndrome, or AIDS, a disease that destroys part of the body's immune system, leaving victims unable to defend themselves against infections and certain cancers. Three authorities on AIDS — U.S. Surgeon-General C. Everett Koop, the chief medical officer in the U.S. Public Health Service and a leading advocate of public education as a means of preventing AIDS; Dr. Fernando Zacarias of the World Health Organization, the Pan American Health Organization, and a Latin American and Caribbean regional adviser on AIDS; and Dr. Jeffrey Akman of the Department of Psychiatry at George Washington Medical Center in Washington, D.C., who often treats AIDS patients and their loved ones — joined host Jim Slade for a frank discussion with listeners who called the program with questions, fears, and comments about the deadly disease.

Following Reagan's remarks, Slade started the program by offering some statistics he categorized as frightening enough "to take your breath away."

- Five to 10 million people, according to the World Health Organization, are already infected with the AIDS virus.
- By 1991, if things continue as they are, there could be as many as 50 to 100 million people in the world infected by the AIDS virus.
- Twenty to 30 percent of those infected develop the full-blown disease within five years.
- And in the United States alone, 20,000 people have already died from AIDS and it is suspected that 1.5 million may already be infected.

Slade said the statistics and the program were not meant to frighten the audience. Instead VOA hopes to "add to the understanding of what our global community is up against."

The three experts backed up Slade's remarks with some thoughts of their own on the disease. In five years, Koop said he believes AIDS will be the greatest strain on the health-care delivery system the United States has ever faced and that health care officials will see that they were correct and not alarmist by warning people of what was yet to come.

Dr. Zacarias described the global situation of AIDS as a pandemic, "an epidemic affecting all countries, all corners of the globe, all continents."

Getting the public to acknowledge that the disease is a problem, according to Dr. Akman, is one of the burdens on the health-care industry. "Some people

A Global Threat

MORE THAN 6,000 international scientists and health workers met in Washington in June to discuss the fatal disease known as AIDS. Sponsored by the World Health Organization and the U.S. Department of Health and Human Services, the meeting came at a critical time, for AIDS is fast becoming the most serious threat to human health in our age.

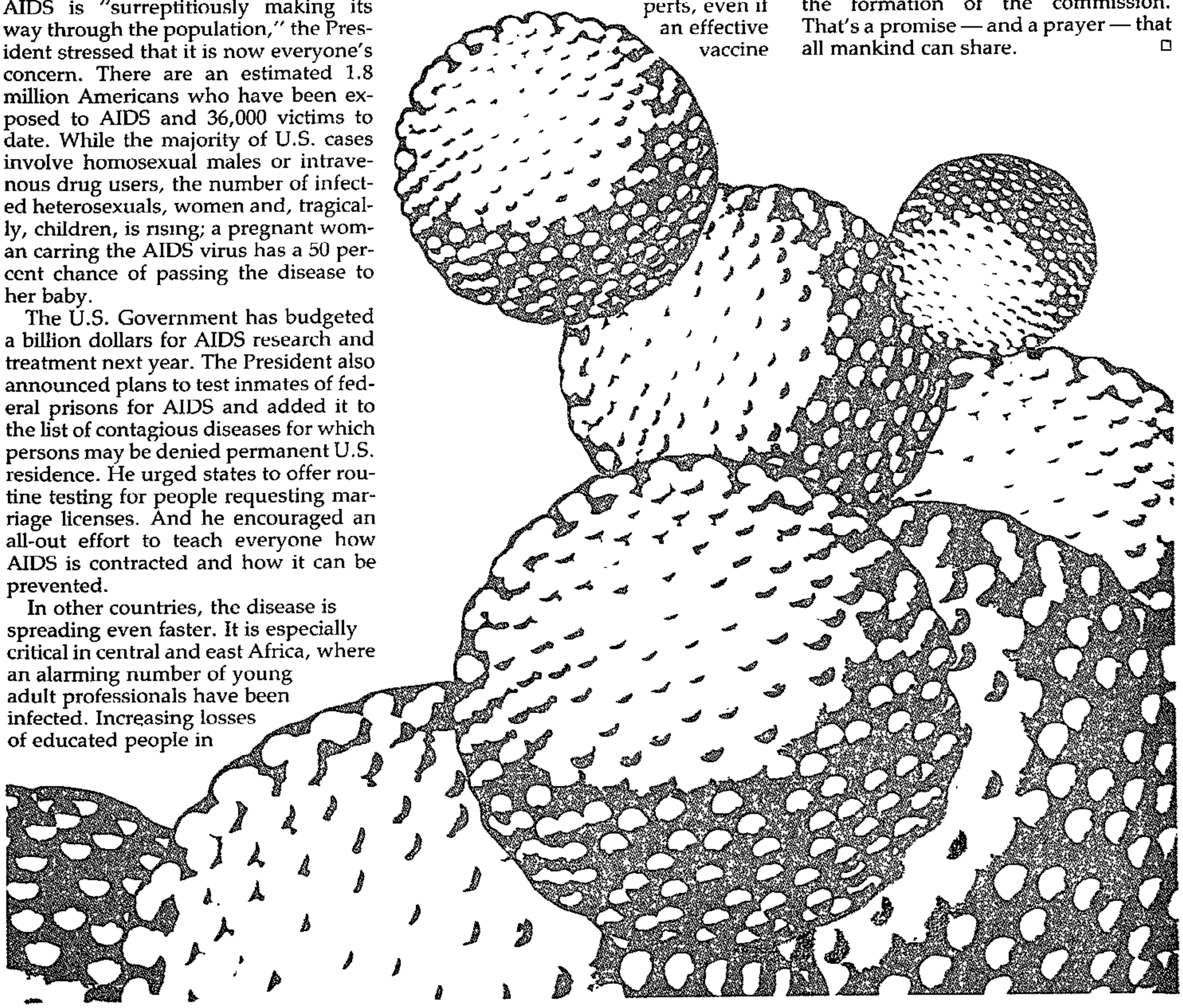
On the eve of the meeting, President Reagan addressed the American Foundations for AIDS Research. Noting that AIDS is "surreptitiously making its way through the population," the President stressed that it is now everyone's concern. There are an estimated 1.8 million Americans who have been exposed to AIDS and 36,000 victims to date. While the majority of U.S. cases involve homosexual males or intravenous drug users, the number of infected heterosexuals, women and, tragically, children, is rising; a pregnant woman an carring the AIDS virus has a 50 percent chance of passing the disease to her baby.

The U.S. Government has budgeted a billion dollars for AIDS research and treatment next year. The President also announced plans to test inmates of federal prisons for AIDS and added it to the list of contagious diseases for which persons may be denied permanent U.S. residence. He urged states to offer routine testing for people requesting marriage licenses. And he encouraged an all-out effort to teach everyone how AIDS is contracted and how it can be prevented.

In other countries, the disease is spreading even faster. It is especially critical in central and east Africa, where an alarming number of young adult professionals have been infected. Increasing losses of educated people in their prime productive years could pose a real danger to future economic, political, and social development. As the epidemic widens, the fear of AIDS could discourage tourism, commerce, and foreign investment.

There are other economic implications that cannot be fully appreciated at this time — the cost of researching, testing, and producing a vaccine; the costs of hospitalization and treatment; the cost of medical insurance and lost hours from the job. According to experts, even if an effective vaccine were found today and distributed worldwide, it would not slow the progress of the epidemic for at least five years. It would be too late to save those already infected.

President Reagan has named 13 prominent American physicians, scholars, and religious leaders to the Commission on the Human Immunodeficiency Virus Epidemic. "We will. . . I will. . . do all that God gives us the power to do to find a cure for AIDS," the President said when he announced the formation of the commission. That's a promise — and a prayer — that all mankind can share. □



LO – CIVIL INGINEERING INDUSTRY

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AREA B: Balfour, Bethal, Bloemfontein, Campedown, Delmas, East London, Heidelburg(Tvl), Highveld Ridge, Hopefield, Kimberley, Klerksdorp, Kroonstad, Malmesbury, Middelburg (Tvl), Newcastle, Odendaalsrus,Pietermaritzburg, Potchefstroom, Standerton, Virginia, Vredenburg, Welkom, Wellington, Witbank and Worcester.

AREA C: Bethlehem, Dundee, George, Harrismith, Klip River, Lower Tugela, Mtunzini, Oudtshoorn, Port Shepstone, and Umzinto the remainder of the Magisterial Districts of Lower Umfolozi and the portion of Municipal Area of East London which falls within King William's Town;

AREA D: The remainder of the Republic.

HEALTH & Diseases – Venereal diseases

1983 – 1985

Air stewards advised on AIDS disease

CAPE TIMES 11/1/83

92

Own Correspondent

JOHANNESBURG — Nearly 700 air stewards on SAA's international and local flights were sent official letters to inform them of the killer AIDS disease and advising them to undergo medical examinations.

Thousands of other male employees of the South African Transport Services will also be informed of AIDS (Acquired Immune Deficiency Syndrome)

Although the Department of Health and Welfare has refused to disclose who will pay for the extensive tests, which cost about R200 a person, it is expected that the SAA Medical Fund will have to foot the bill.

The bill can cost the medical fund around R100 000.

Meanwhile the Department of Health will inform medical practioners of the disease through the different health authorities

A spokesman for Sats announced yesterday that it had been decided in the interest of staff to disseminate the information on AIDS to a broad spectrum of staff members.

The spokesman emphasized that the Department of Health and Welfare had clearly stated that the disease held no dangers for air passengers and that intimate physical contact was required to transmit the disease.

"Sats is therefore concentrating on the welfare of its staff since two cases of the disease had already been reported and two male cabin staff members died as a result."

The Department of Health has denied that several new cases of the disease had been reported in Johannesburg and Cape Town

In the United States, close on 850 cases have been reported, with the number doubling every six months.

More than 300 people have already died of the disease, and the mortality rate looks likely to rise to as high as 70 percent

Kaposi's sarcoma, a form of skin cancer, and pneumocystis carinii pneumonia were named as two of the diseases which led to the death of those who contracted AIDS.

HEALTH

ARGUS 17/1/83

AIDS: City gays 'anxious'

92

ACQUIRED Immune Deficiency Syndrome (AIDS) is linked to a high level of promiscuity — a level which, says a Cape Town doctor, would 'horrify' the city's largely conservative gay community.
Staff reporter JOHANN POTGIETER reports.

AT LEAST two cases of Acquired Immune Deficiency Syndrome (AIDS) have been treated in the recovery phase in Cape Town, and the sufferers — both male homosexuals who became ill in New York — will recover fully.

The city doctor who treated these men (and who has several other gay patients) said he had heard that two other cases had been diagnosed, either in Cape Town or in Johannesburg.

The first cases of AIDS — a largely mysterious syndrome affecting women, babies, drug addicts, promiscuous homosexuals and many other apparently unrelated categories of victims — were reported in Los Angeles in the USA in May 1981, and late last year an overseas magazine said this about the syndrome:

Defences crumble

"The body's defences simply crumble and the cellular part of the immune system lets in marauding fungi, bacteria, viruses, parasites. Instead of fighting back the body succumbs — to pneumonia caused by bacteria, or to malignancies like Kaposi's sarcoma.

"Of the 634 known victims last September, more than 40 percent were already dead."

Nearly three-quarters of the already diagnosed AIDS sufferers are male homosexuals, the vast majority of them in New York and other centres of gay culture in the US.

Only a fraction of the local gay community even remotely approaches the lifestyle of the most promiscuous gays abroad.

In each of the 12 case histories in medical journals so far studied by members of 6010, the Cape Town gay rights organisation, it was emphasised that the sufferers were abnormally promiscuous relative to the usual, socially invisible gay lifestyle.

Both the South Africans who died of AIDS-related diseases visited New York shortly before they fell ill. One was an active homosexual.

'Horrified'

The majority of Cape Town gays, however, would be "horrified" by the levels of promiscuity and nature of sexual activity in a place like New York, the doctor said.

Compared with urban American gay culture, the average Cape Town homosexual is conservative, even puritan.

"In places like New York there are almost unlimited opportunities for gays to meet casual sex partners — saunas, steam baths, clubs, many others — and more or less the same crowd meet in these places night after night.

Anything goes

"There is very little turnover, and anything — and I mean anything — goes.

In the case of gays, AIDS — of which so little is known at this stage that there is not even a standardised testing procedure — is closely associated with promiscuity.

"This is where AIDS comes from.

"It is preposterous to imagine that either those conditions or attitudes prevail here or consequently, that this community faces anything like the same threat."

The doctor had, nevertheless, had some "anxious inquiries" — chiefly from gays who recently visited New York and had sexual contact there.

"However, the greatest fear in the gay community now is not AIDS, but the possible backlash there may be from the misinformed 'straight' society."

The syndrome had probably, like herpes, been around for many years and the present media reports emphasised the matter out of all proportion to its true significance, the doctor said.

In the meantime 6010 (named after its post box number) has embarked on an information campaign among its members to counteract what the association sees as "sensationalised" reports linking AIDS to gays exclusively.

The body was formed about two years ago to counteract the "cold impersonality" of the bar culture and to provide for the gay community a stable, authoritative support structure of medical, legal, religious and other sympathetic groups.

● This complex community will be examined in The Argus tomorrow.

ENVIRONMENT

HOMOSEXUALITY

All they aspire to is happiness

PRGUS 18/1/83 (92)

FOLLOWING the appearance of Acquired Immune Deficiency Syndrome (AIDS), which affects mainly male homosexuals, staff reporter JOHANN POTGIETER investigated Cape Town's gay community. In the absence of the anything-goes promiscuity found elsewhere, he finds there is little or no chance of the average gay being affected.

REPORTS about the mysterious Acquired Immune Deficiency Syndrome (AIDS) have focused attention on the gay community, since most AIDS victims have been male homosexuals.

There are other apparently unrelated categories of victims, but in the case of gays, AIDS is associated with high levels of promiscuity, coupled with the use of "recreational drugs".

With this in mind, I interviewed several Cape Town gays and others close to their community and the picture that emerged was one of a complex sub-culture within which lifestyles are widely divergent.

WILD

Generally, however, gay lifestyles in Cape Town seem to have little in common with the wild, pathological promiscuity associated with AIDS in the United States.

Very little of the gay community is socially visible in Cape Town.

The wild, promiscuous bar culture regarded as typical gay behaviour is only a fragment of it and the majority, certainly of white male gays, aspire to nothing more than middle-class happiness — ordinary people, trying to live ordinary lives.

GAY RIGHTS

The only gay rights organisation in the city, Sixty-Ten, sees its first priority as "the consolidation of the gay community and their support groups" — parents, doctors, lawyers and others.

Sixty-Ten was formed two years ago to provide an alternative to the coldly impersonal "meat markets" of gay culture with the emphasis on counselling and helping those battling the mountains of doubt and guilt associated with "coming out" (accepting their homosexuality).

I meet them in a small restaurant. Two of the three are balding; there is nothing remotely effeminate about them. Initially they are suspicious about the interest of the "straight" Press. Later they talk more freely, even when they say things that should perhaps be left unsaid.

At another interview a young businessman, mocking the crude post-AIDS slur that all gays are "infected", suddenly rises and says: "Well, if I boil a cup will you have some coffee?"

If Sixty-Ten is seen as the ideological centre of the gay community, to its right is the bar culture of hordes of gays, mainly young, seeking a good time without much thought of ideological issues — and a good time, apparently, is easy to get.

It is, however, the wild, often pathological promiscuity of this group which shapes the public image of gays — often to the crassest detriment of the invisible majority.

SARCASM

Some in the settled gay community judge the good time boys harshly.

This, one is told with considerable sarcasm, is the Gucci Loafer Cashmere Sweater Set — the "style queens" looking pretty in the city's gay bars, or "trolling" on Sea Point beach front near the wall; the "squadrons of screamers" and the "koffie-moffies".

It is here that will be found, among the "social incest clones, who all look alike, dress alike, and gravitate towards the same people", any danger of AIDS-related diseases that exists in Cape Town.

OPPRESSION

Elsewhere in the settled sector of the community a kind of gay patriotism is taking root, with intensive study, for example, of the history of oppression gays have faced in different societies.

From this viewpoint the "screamers" in the bar culture are judged less harshly. At the symbolic beginning of modern gay liberation, they tell you, stand the drag queens, the most broadly ridiculed members of the community.

'They were the first ones to resist. They became tired of being hassled; they raised their sequined handbags and fought back."

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AIDS tests on City gays 'negative'

(92)
CAPE TIMES 19/1/83

Staff Reporter

MEDICAL tests done on Cape Town homosexuals who feared that they might have AIDS (Acquired Immune Deficiency Syndrome) have proved negative and there is no immediate danger of the disease spreading here.

This was confirmed yesterday by a City doctor who had requests for tests from patients who had been "exposed to people who had come back from the United States".

The doctor denied that he had ever treated any patients for AIDS, although he had seen two male homosexuals six months ago who had fallen ill in the United States where they had been treated and discharged from hospital.

Ballet dancer

"The men, one of whom was a former ballet dancer, have since returned to the United States. The only reason they came home to Cape Town to recover was because it is far more expensive being sick in the United States."

He said there had never been any possibility of the men spreading the AIDS disease here. In any event, he said, there was no evidence of the disease itself being contagious, although it was known to predispose victims to infection.

Cape Town's Medical Officer of Health, Dr Reg Coogan, said yesterday that the Department of Health had issued a set of AIDS guidelines to practising homosexuals to make them aware of warning signs and symptoms of the disease.

He said he believed this had been issued primarily for South African Airways' employees, but that it was available to anyone.

"From what we know, AIDS is not likely to spread here," Dr Coogan said.

"As it is limited largely to practising male homosexuals, it is likely to be a self limiting disease."

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Cape Times 26/11/83 (92)

Doctors told to be alert for more AIDS

Staff Reporter

DOCTORS have been urged by the SA Medical Journal to be on the alert for further cases of the acquired immunodeficiency syndrome (AIDS), which claimed the lives of two men in Pretoria recently.

According to an editorial in the latest issue, the most important task of general practitioners, in view of the limited and highly specific groups at risk, was to ally the public's fears by health education.

The Department of Health and Welfare met on January 7 to discuss a containment strategy for the disease. The question of making AIDS a notifiable condition under the Act was considered, but this decision was held in abeyance.

The majority of cases have so far been in male homosexuals. However, a few cases have been reported in heterosexual men, women, persons of Haitian origin and haemophiliacs.

According to the editorial, AIDS was not a specific diagnosis, but a convenient term for a syndrome of unknown origin. The syndrome is characterized by a severe loss of natural immunity. Cell-mediated immunity was reduced, leaving the victim wide open to "opportunistic" infections such as pneumonia.

In America, more than 750 cases were reported between June 1981 and November 1982. Of these, 95 percent were male and 75 percent were homosexual or bisexual.

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AIDS a rare killer, says Cape doctor

ARGUS 9/2/83

92

Medical Reporter

THE problem of acquired immuno deficiency disease (AIDS) had been overrated by the media in relation to other diseases, Dr Johan van Wyk, immunologist at Tygerberg Hospital

Dr van Wyk was speaking after a meeting last night on AIDS at Tygerberg Hospital.

He said that although several people died every day of tuberculosis, and it was perfectly curable, only two people had been known to die of AIDS in South Africa

SCREENING

Screening had picked up cases with the potential to get AIDS. But apart from the two South Africans who died from the disease last year, no others had been positively identified as having AIDS.

The worldwide incidence was more than 1 000.

However, increased awareness was sure to lead to the discovery of more cases.

OPPORTUNISTIC

Dr van Wyk said ever-present organisms could cause serious "opportunistic" infections in people with decreased immunity.

After organ transplants, infections occurred with viruses such as cytomegalo virus and yeasts such as candida. Similar conditions of immuno suppression of unknown origin occurred in AIDS.

"These, normal people don't get. What happens to the people with AIDS is that they get suppression of the immune system. We do not know from what yet — it seems to be something infectious.

Asked if AIDS was curable, Dr Van Wyk said: "This is something that is very difficult to answer. I would like to say yes. It seems as if some people do recover, but the fully-fledged syndrome has a mortality up to 70 percent."

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

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NOTE CAREFULLY

1. The answers only on the right hand pages will be marked. The left hand pages may be used for rough work, but no credit will be given for such work.
2. Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.
3. Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.
4. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.

WARNING

1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

EDSON 15255

HEALTH FM 20/5/83

Sexual epidemic

92

The incidence of sexually transmitted diseases (STDs) in SA is probably about 10 times higher than in western Europe and the US. It is now reaching epidemic proportions with high social and economic costs. Last year 500 000 people, representing 4% of SA's adult population, were treated for STDs at municipal clinics alone.

According to Ron Ballard, chief scientific officer of the SA Institute of Medical Research, the figures from municipal clinics are conservative. "Between 13%-15% of the total adult population would be a more realistic estimate. However, it is impossible to ascertain accurate figures because of the fragmentation of the medical services provided for these diseases."

cc 28/10

According to Ballard: "There was a well documented, massive increase in STDs at the time of the industrial revolution in western Europe. SA is only experiencing this now. The reasons are industrialisation, the urbanisation process and the mass movement to cities. SA's laws and the migrant labour system don't help matters. STDs are an enormous problem in developing countries."

One of the reasons for the increase in STDs is the breakdown in traditional values caused by urbanisation. Muslim countries, with strong sexual taboos, have a much lower incidence of STDs than other countries. Ballard says that SA's Asiatic population has the lowest incidence of all groups in SA.

If the number of patients visiting private practitioners is also taken into account, the incidence of STDs in SA has now reached "epidemic proportions" says Ballard. He adds: "One in 100 patients who consulted private practitioners last year was suffering from STD. But if one looks at the adult patient population only, obviously the incidence is much higher."

Research into STDs is subject to many variables. "Between 1980 and 1981 the number of cases seen at Cape Town's municipal clinics increased by 14%, and those seen at Port Elizabeth by 21%. However, the number of cases seen in Pretoria and Johannesburg remained relatively stable. There could be many reasons for this but we can not pinpoint them — particularly as STDs are not notifiable diseases," says Ballard.

Ignorance is a factor. For example, research indicates that more males than females are seen at the clinics — a ratio of 2:1, if not more — because females often do not show symptoms, yet continue being carriers.

Ballard says: "We are lobbying State Health at the moment to put STDs into perspective in the context of this country. It is essential that a proper education campaign be carried out at all levels.

"I believe that like sex education, information about diseases should be taught in schools and included in the official curriculum. It is also essential that all doctors are thoroughly educated, particularly about those diseases which do not respond to penicillin treatment.

"About 10% of gonorrhoea cases in Zimbabwe do not respond to penicillin. In SA at present probably less than 1% of cases don't respond. But this problem of non-response has spread throughout the rest of Africa and SA could soon be confronted by the same problem. It needs constant monitoring."

AIDS 'cuts immunity to killer diseases'

ARGUS 26/7/83

92

By ADA STUIJT
Staff Reporter

HOMOSEXUAL men who are promiscuous run a strong risk of losing their body's natural immunity to killer diseases, a South African study has found.

And if not warned against over-active sexual activities, more homosexuals might fall victim to AIDS in this country, the combined medical study by top immunologists at the University of Pretoria has warned.

They studied 10 self-confessed homosexuals between the ages of 21 and 59 and have published their findings in the SA Medical Journal.

Five of the men were associates of a Pretoria patient who had recently died of AIDS (acquired immuno-deficiency syndrome).

All were South African, and nine had not been overseas in the past five years.

One exception

The one exception, a patient recovering from hepatitis B infection, had recently returned from the United States, where AIDS has claimed scores of deaths and has taken on epidemic proportions, especially among the homosexual community.

The detailed study found that eight of the 10 men had admitted to high levels of sexual promiscuity — and the same eight men had various levels of lowered immunity to disease which could not have been contributed to by drug abuse.

(Drugs such as dagga, cocaine, amyl or butyl nitrite, commonly used by homosexuals, also lower the body's resistance to disease.)

Only two of the 10 men had been proven non-promiscuous — and showed a completely normal medical profile after extensive skin and blood tests, with a natural defence against disease.

Findings supported

This supported American findings that the more sexually active homosexuals are more endangered because their bodies' resistence to disease is lower. This is called "an increase in immunological abnormalities", and such patients may be prone to lung disease and cancer.

Three of the men — one a contact of an AIDS case identified in Pretoria — were severely ill with lowered immune defences, the study found.

"The most severe abnormalities were noted in three individuals. One, aged 21 years, had active pulmonary tuberculosis."

Another, a 42-year-old man who had recently returned from a vacation in the USA, was convalescing after a bout of serum hepatitis infection and was a contact of one of the AIDS patients identified in Pretoria.

Warning issued

"The third was a 59-year-old with persistent swelling of lymph glands, etc."

The study group has issued a warning to medical practitioners in South Africa to closely watch all persons at risk of AIDS.

"They should be warned about the consequences of promiscuity and the possible effects of drug abuse.

"And if there are any symptoms of infection, noticeable weight loss, swelling lymph glands or signs of tumours, such people should seek immediate medical care."

The study concludes that if it is true that promiscuous male homosexuals have less resistance to disease, more AIDS cases can be expected in South Africa as well.

Since the deaths of the two Pretoria men, no new AIDS cases have been confirmed by South African doctors, however.

In Europe, 150 new cases were registered, while in the United States 630 AIDS patients have died of it since 1979.

VD survey shocked authorities

ARGUS 19/10/83 (94) (92)

A HEALTH survey among rural labourers in the Durbanville district located 38 children — some only three years old — with active venereal diseases.

The comprehensive survey, published in the SA Medical Journal, was carried out three years ago by the Divisional Council's health department.

Their initial findings, recorded in the council's 1980 health report, caused such shock waves among community leaders that the Durbanville District Child Welfare Society was founded as a result, according to Dr L R Tibbit, the council's medical officer of health.

"This trail-blazing society has since worked closely with farmers towards improving their workers' overcrowded living conditions and increasing their wages, among other things," he said.

Aggressive

They also started an aggressive family planning programme, 286 of the 897 farm workers questioned on this subject had said they were "not interested".

A total of 6 197 people on 783 sq km of rural land were tested. Durbanville's urban population was not included.

The greatest shock was the high percentage of people with sexually-transmitted diseases.

While these usually show an average of 1,79 percent for all groups in the Western world, Durbanville's average was 14,9 percent for men, 23,9 percent for women and 6,9 percent for children.

Overcrowding

Dr Tibbit said the smaller children usually did not contract VD through sexual contact.

"They have endemic syphilis, which is usually contracted through sleeping closely in the same bed with infected people, usually parents. It is therefore caused by overcrowded living conditions.

"The type of venereal disease the survey found among the children was indeed horrifying — some were only three years old, with syphilitic sores on their faces."

ience had brought closer co-operation between health services in the entire metropolitan area as a result, he said.

"We have, in fact, formed a committee to co-ordinate the efforts of all the medical people now treating venereal diseases.

"These are the town and city councils, Cape Divisional Council clinics, the teaching hospitals, the school nurses and day clinics of the Province."

Treatment had now been standardised, he said.

Unexpected

"We are making a really co-ordinated attack on venereal disease, in which we use our mobile clinics to visit the rural areas."

Dr Tibbit praised the Durbanville committee for its determined effort to improve the quality of life of everyone in their community.

Some of the survey findings were totally unexpected.

"Malnutrition, which we had expected to be a big problem, was not a marked feature of this survey. It found that 2,8 percent of the children were underweight while 0,6 percent of the adults were malnourished — a much lower figure than was expected."

The aged were, on the whole, also found to be in good health.

Preventable

The greatest problem remained care of the children.

Besides the 2 percent positive tuberculosis cases discovered among them, they were also found to have rampant dental decay.

"Again, this is a case of educating the community. Dental decay is preventable with proper cleaning of teeth and a correct diet," Dr Tibbit said.

He added that his department was delighted with the excellent co-operation from the farmers in the area.

"They have allowed their labourers to attend clinics whenever necessary and have made sound efforts at improving the housing, the quality of life and health of their workers."

Sex-for-fun linked to shock VD statistics

92 200 Mercury 20/10/83

Mercury Reporter

SIX out of every 100 South Africans suffer from venereal disease, the 'greatest epidemic of all time', according to a health expert from Johannesburg.

And the 'sex for fun' attitude, promoted by the media and accepted by the public without question, would advance sexual permissiveness and make the 'copulation explosion' even worse, he said.

Dr Claude Newbury, senior Deputy Medical Officer of Health of Johannesburg, told the Public Health Institute congress in Durban yesterday that only the common cold was more prevalent than VD.

Syphilis

In 1982 the World Health Organisation reported that 250 million new cases of gonorrhoea and 50 million new cases of syphilis occurred each year. In Johannesburg alone there had been a four-fold increase in the past 10 years.

'At last count there were 25 diseases capable of being transferred sexually,' said Dr Newbury. The most notable were gonorrhoea, syphilis, herpes and AIDS.

He said the effect of syphilis on an unborn child was devastating, and pregnant women had only a one in five chance of having a normal child, while gonorrhoea of the newborn was a common cause of blindness.

Pill

Permissiveness — the biggest contributor — and the media, war, the Pill, abortion, sodomy, prostitution, women's lib, drugs and alcohol, pornography, pop music, and even sex education came under fire as all boosting the sexual revolution and spreading VD.

Migrant labour, where thousands of blacks from homelands and rural areas lived away from their families, was a major cause of VD in this country, said the doctor.

The shift of responsibility of birth control from man to woman had made it her job to ensure sex was 'safe' by taking a dangerous hormonal pill or injection.

Dr Newbury said women on the Pill stood a much greater chance of thrombosis, and often developed tumours on the liver.

And the promiscuity of male sodomites, a high number of which worked in the catering trade, presented considerable risk of VD to the innocent public.

VD incidence up 43% since 1978 — Sher

92

E. Post

2/12/83

Municipal Reporter

THE incidence of venereal disease in Port Elizabeth has increased by 43% since 1978.

This increase is revealed in the annual report of the Medical Officer of Health, Dr J N Sher, for the 18-month period from January, 1982, to June, 1983.

In 1978, 8 613 new cases of venereal disease were notified to the City Health Department compared with 15 129 in 1982.

New white cases increased from 80 to 125 over the five-year period with coloured cases increasing from 857 to 1 082, Asiatic cases from four to eight and black cases from 7 672 to 13 914.

Dr Sher says this disappointing upward trend in sexually-transmitted diseases is in no way unique to Port Elizabeth.

Factors such as unemployment, overcrowding, lack of education and hygiene, increased permissiveness and promiscuity and urbanisation and family breakdown combine to give the highest incidence in the black population.

Dr Sher says the large number of teenage patients, including scholars, attending clinics is becoming quite marked.

He says the dangers of promiscuity should be brought home to them.

"The fun and games of teenage life can finish up in sterility and worse in the 20s," he says.

He stresses that proper housing, ablution and toilet facilities are of fundamental importance.

Dr Sher says with the reduction in the number of ships calling at Port Elizabeth the incidence of venereal disease appears to have dropped "among usual frequenters of the harbour".

500 000 seek help on sexual diseases

CAPE TIMES, 23/12/83 92

Staff Reporter

SEXUALLY transmitted diseases caused more than 500 000 people to seek help at municipal clinics this year, according to the December issue of Salus, the newsletter of the Department of Health and Welfare.

Dr R C Ballard, chairman of the Sexually Transmitted Diseases Society of South Africa, attributed the high incidence among blacks to "the social factor of urbanization" when he recently addressed the first international congress on sexually transmitted diseases in Southern Africa.

"The problem is not unique to South Africa but the industrial revolution being experienced in Africa in general and the resulting breaking down of the fabric of society affects the entire continent."

(92) E. Post 13/1/84

Concern over rising rate of VD in South Africa

Post Reporter

THE incidence of sexually transmitted diseases in South Africa is 10 to 20 times higher than in Britain, according to Dr R C Ballard, chairman of the Sexually Transmitted Diseases Society of South Africa.

In a report in the latest edition of Salus, a Department of Health and Welfare publication, Dr Ballard said more than 500 000 people had sought help at municipal clinics during 1983.

He said the social factor of urbanisation was responsible for the high incidence among blacks and because the diseases were not notifiable, a comprehensive tracing system would be required to help contain the spread.

Working in co-operation with Dr Ballard, the Department of Health and Welfare has produced an illustrated manual on the diagnosis and treatment of venereal diseases, which will be available to doctors and nurses treating such patients.

Dr J N Sher, Medical Officer of Health in Port Elizabeth, said there had definitely been an upsurge in the number of cases treated in the city last year.

Figures quoted in his annual report for the period January, 1982, to June, 1983, indicate a 43% increase in the number of cases reported to the City Health Department in the past five years.

VD increase in City area

Cape Times 1/3/82

92

Medical Reporter

THE migrant labour system and inadequate sex education in schools have both been suggested as reasons for the "considerable increase" in venereal diseases in Cape Town.

An article in the South African Medical Journal by a senior medical student, C J Anderson, has stated that in Greater Cape Town the serious increase in VD applied particularly to gonorrhoea, which had the highest incidence.

Also common were syphilis and non-specific urethritis. Herpes genitalis was "relatively less common".

Cape Town had a large migrant population of men who were "uprooted from a tribal society and placed in an industrial one where they are lonely and alienated".

"Prostitution flourishes and there are no health controls over the women because of the strictly-repressive legislative milieu," the article stated.

Factual information about sexually-transmitted diseases should be given in the classroom. But attempts should also be made to educate adults. The few posters and pamphlets at VD clinics were often too scientific or conveyed the wrong message.

The poster stating: "Avoid VD, don't flit around!" could only produce a negative response, according to the article.

Other reasons suggested were the lack of attendance at VD clinics, due largely to the stigma attached to them. Changing sexual mores and the advent of the contraceptive pill had also led to this increase, the article said.

People with TB, VD pose threat

Municipal Reporter

OUDTSHOORN. — The municipality here is concerned because people with tuberculosis and venereal diseases refuse to be treated and are a threat to the community.

It was suggested that they be compelled to have treatment.

The annual congress of the CPMA here has approved a recommendation that the matter be taken up by the United Municipal Executive.

In a report the municipality says there is no legislation to force the patients to receive treatment.

A THREAT

"It is emphasised that these patients and their contacts pose a threat to the community and that the present Department of Health policy of persuasion is not successful.

"Because we believe this problem is prevalent throughout the Cape, we feel attention should be given to solving it."

● The National Road Safety Council is considering a recommendation from Cape Town City Council to prevent parking and off-loading at bus stops.

Existing legislation states that a vehicle stopping at a bus stop is not considered to be a parking vehicle if it is loading or offloading people or goods.

The congress was told that the council's recommendation had been submitted to the National Road Safety Council by the Provincial Administration.

Venereal disease: new finding

CAPE TOWN — Herpes, the most feared of all venereal diseases, could be picked up from a toilet seat, according to an editorial in the latest South African Medical Journal.

The editorial quoted results from a study conducted in the United States by Dr L S Nerurkar to find out whether the Herpes Simplex Virus Two (HSV-2), the genital type, could be transferred non-sexually in spa baths.

These baths are commonly known in South Africa as "jacuzzis".

"No herpes simplex viruses could be isolated in spa-bath water, probably because of the high chloride and bromide levels. The virus can survive for four hours in tap water. But when a virus strain was introduced to a spa bath, it immediately became inactive," the journal reported.

However, "in a warm, humid environment", the virus could survive for up to 4½ hours on the plastic-covered surfaces of the benches often located around public spa baths.

"Others noted the survival of the herpes simplex virus on toilet seats. Apparently, the classic plea that infection came from a toilet seat could sometimes be true." — Sapa

DDR

Sexually transmitted diseases prevalent

EAST LONDON — Sexually transmitted diseases are prevalent in the East London area.

This emerged from figures released yesterday by the office of the acting medical officer of health (MOH), Mr G. Claase, and an interview with the former MOH, Dr J. van Heerden.

Medical authorities say that on a racial breakdown, prevalence among whites is a hidden factor because they do not attend municipal clinics and are supposed to be treated at Frere Hospital.

The medical superintendent, Dr Rob Newberry, said yesterday he had no idea of the prevalence among whites because they normally went to private practitioners.

Dr Newberry said he thought the same applied to Indians who went to their private practitioners.

He said blacks or coloureds occasionally arrived at the hospital over weekends but after their first injection, they were referred to the municipal clinic.

Figures for the first nine months of this year at the municipal clinics show 2 148 Africans were treated while coloureds numbered 102.

The monthly breakdown is as follows: Africans: January 146, February 116, March 87, April 381, May 365, June 293, July 343, August 186 and September 231.

The monthly breakdown for coloureds treated at the Pefferville clinic from January is: five, four, 10, nine, 19, 15, seven, 26 and seven.

A spokesman for Mr Claase's office said the figures were not accurate because some people attended the clinic twice a month.

"The figure ranges between 200 and 300 a month who attend clinics for treatment," he said.

Dr Van Heerden, who retired last month after more than 30 years service, said venereal diseases had been a problem over the years and had escalated with the change in lifestyles.

"The pill has made life easier and has partially eliminated the risk of pregnancy. Sex opportunities are easier and there is now more promiscuity.

"Norms and trends are being set by people like pop stars who are given wide publicity in the media. Some marry when their partner is eight months pregnant.

"There is also a lot of peer pressure in matters such as sex. This is prevalent at schools and universities," Dr Van Heerden said.

Dr Van Heerden said he had never heard of any incidence of herpes or Aids in East London.

The government does not keep statistics on venereal diseases and does not demand figures from private practitioners on the incidence of venereal diseases.

However, figures for 1982 are estimated at one million new cases nationally. — DDR

Top medics to discuss Aids cases

WG/AIDS 16/2/85

92

Weekend Argus Reporter

CAPE TOWN'S medical authorities will meet next month to discuss the Aids situation in the city.

Confirming this, Dr Hans Steyn, Department of Health regional representative in the Western Cape, said he had called the meeting to clarify the matter.

It is understood two more city people have Aids, apart from two men being treated at Somerset Hospital.

"At the moment we have no information on the extent of the disease in our area," said Dr Steyn. The reason was that Aids was not notifiable. More details were expected at the meeting.

A specialist involved in Aids research and treatment said yesterday he believed there were more suspected Aids cases in Cape Town.

"There is a feeling that there are more Aids cases beginning to appear. It's as vague as that — nothing has been confirmed."

Representatives of the city and provincial health departments as well as the Tygerberg and Groote Schuur hospitals have been invited to attend next month's meeting.

Dr Steyn said everything would be done to draw up a protocol for approaching and managing patients.

AIDS to be made notifiable or not?

Cape Times 19/2/85 p.92

By CHRIS ERASMUS
Medical Reporter

MEDICAL authorities are resistant to the idea of making AIDS (Acquired Immune Deficiency Syndrome) a notifiable disease, but some experts think this step may be necessary in view of the seriousness of the disease.

Dr Hans Steyn, Regional Director of Health and Welfare in the Western Cape, said yesterday that a meeting of local health authorities, hospital authorities, specialists and virologists from the universities of Cape Town and Stellenbosch was planned for early next month to discuss a strategy for dealing with AIDS in the Western Cape.

"Rather than resorting to legislation, I would appeal to those members of the public who have been contacts of known AIDS sufferers to come forward and have themselves tested for AIDS virus antibodies as soon as we have that antibody test," Dr Steyn said.

Dr Ruben Sher, a researcher at the SA Institute of Medical Research in Johannesburg and a leading South African AIDS expert, said: "Making AIDS notifiable would only make it easier for us to keep records of it."

Dr Sher said there were 15 confirmed AIDS victims throughout the country, two of whom were in Cape Town. There were other people who suffered immune defficiency without having developed the full syndrome.

Dr Reg Coogan, Cape Town's Medical Officer of Health, said: "Patients who feel the need to be checked for the disease must be able to go to a source of help which is totally trustworthy and confidential, otherwise there is the risk of social criticism of these patients and of driving the disease 'underground'."

Aids: suspect blood donors must alert VA clinics

By TOS WENTZEL, Political Correspondent

THE Minister of Health, Dr Nak van der Merwe, today called on people who thought they might have been exposed to the killer disease Aids not to give blood.

He warned it was extremely difficult to diagnose the incurable Acquired Immune Deficiency Syndrome.

The Minister was reacting to a weekend report that the blood of a 22-year-old Aids sufferer — a male homosexual who was also a blood donor — had been distrubuted through South Africa's blood bank network and had been retrieved "just in time".

Dr van der Merwe said it would be difficult to make the disease a notifiable one — one which had to be reported to the authorities.

Symptoms

Part of the problem was that it was very difficult to diagnose and was "such a curious phenomenon".

People with Aids lost the immunity present in a healthy person's system and then had no resistance to diseases.

Aids sufferers could have virtually any symptoms.

As had been experienced overseas, the disease could be spread by blood transfusions.

Dr van der Merwe said he had confidence in the country's blood transfusion services. The service in the past had had to guard against the spreading of contagious diseases such as jaundice.

He said the disease seemed to occur mainly among homosexuals.

Although it could be difficult to decide if one was at risk, people who felt they could be exposed to Aids should not give blood.

Research

Meanwhile, the department's institute of medical research was continuing with research especially into ways of diagnosing the disease more easily and of finding ways to eliminate it.

The Deputy Minister of Health, Dr G de V Morrison, has stated that making Aids a notifiable disease could be considered when ways of diagnosing it more easily had been found.

Two-year alert for signs of deadly disease

Staff Reporter

The Blood Transfusion Service says it has checked donors closely since Aids first made headlines two years ago.

According to the deputy-medical director, Dr Jane Pearce, clinics immediately got in touch with all known homosexual groups and appealed to them to tell members about the dangers of giving blood and the possibility of them contaminating others.

"We received instant co-operation and, understandably, they were as concerned as we were about the situation," Dr Pearce said.

She said donors giving blood since then had to answer thorough questionnaires which listed a number of diseases and ailments — all early symptoms of Aids.

"We also present donors with a pretty explicit circular which highlights the groups at risk.

"Should there be a positive reply to any of the questions on the questionnaire the our staff immediately quiz the donor."

DISEASE TEST

Dr Pearce said that in spite of many having to stay away from the clinics she could not say if there had been a decisive drop in the number of donors because of the Aids scare.

Dr Pearce said that a test for Aids was being devised and it was hoped it would be available by the end of the year.

But while the test would help to prevent people being contaminated through blood transfusion, it would not help the victims.

Groups at risk are promiscuous homosexuals, anyone who has had sexual contact with an American homosexual in the past three years and intravenous drug-users.

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Cape Times

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CAPE TIMES 26/2/85 92

Number of City AIDS victims

By CHRIS ERASMUS
Medical Reporter

AT LEAST four Capetonians have fallen victim to AIDS (Acquired Immune Deficiency Syndrome), a fifth, may soon be confirmed and several other people are under close medical scrutiny.

The two men who were the first confirmed victims of AIDS in Cape Town are believed to be deteriorating quickly as the disease runs its course.

One of them, a 35-year-old former airline steward, is believed to have developed Karposi's sarcoma, a lethal cancer frequently found in AIDS sufferers. His live-in friend is suffering repeated bouts of infection from a variety of organisms taking advantage of his increasingly weakened immune system.

Professor Walter Becker, head of medical virology at Tygerberg Hospital and the University of Stellenbosch, confirmed yesterday that he had developed an AIDS virus screening test which had been used on nine blood samples.

The test had indicated that three of the samples contained the AIDS anti-body. Two of the three positive samples were taken from the first two confirmed AIDS sufferers in Cape Town.

Professor Becker said he was awaiting further samples, including one from a fourth man who was showing all the clinical features of AIDS, making it virtually certain that he has the disease. Another man is also showing some of the features of the disease and his blood is expected to be screened soon.

Other possible AIDS victims are known to have been referred to a City physician dealing with confirmed victims.

In all 16 people in South Africa have been confirmed to have AIDS, eight of whom have died. In the United States more than 8 000 people been diagnosed as AIDS victims and about 4 000 have died.

These latest statistics have highlighted the growing concern in medical circles over the spread of the dreaded disease. Next month the Regional Director of the Department of Health and Welfare, Dr Hans Steyn, will meet with local medical, hospital and virological authorites to discuss a strategy to deal with the perceived public health threat of the disease.

Medical authorities have, however, been at pains to point out that AIDS is not infectious like colds or 'flu — it is transmitted by intimate contact with the bodily fluids of a carrier — and that not everyone who picks up the AIDS-causing HTLV III virus actually develops the full syndrome.

American research has indicated that only 10 percent of HTLV III carriers eventually develop the syndrome. All the reasons for the disease's selectivity are not known but the evidence strongly suggests that immunological weakness in carriers is the most important reason for its development.

Homosexuals who have multiple venereal infections and treatments for these, as well as intravenous drug abusers are the two groups in whom AIDS most frequently manifests. In both groups weakened immune systems are common because of the repeated assaults on this line of the body's defence mechanisms.

Professor Lyn Wilson, who holds the D G Murray Chair of Cancer Research at the University of Cape Town's Medical School, has been sent blood samples from at least 220 gay people in Cape Town.

The members of this community, which is at greatest risk of contracting AIDS, have come forward to the Western Province Blood Transfusion Service (WPBTS) to give blood samples that are to be tested locally and in the US for AIDS virus anti-bodies.

Professor Wilson said yesterday blood samples collected during the programme — which has been running for three or four months —

Cape Times

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CAPE TIMES 26/2/85 92

f City AIDS victims growing

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Professor Wilson said yesterday blood samples collected during the programme — which has been running for three or four months — would be sent to the US to Dr Robert Gallo's National Institute of Health laboratory in Bethesda, Maryland.

Dr Gallo was the first American to identify the HTLV III virus and link it convincingly to AIDS.

Professor Wilson said it was hoped that his analysis of the South Africa samples would indicate the extent of the AIDS virus in the local gay community.

She emphasized, however, that having the virus was not the same thing as suffering from the disease.

Some of the samples may be sent to Professor Becker at Tygerberg Hospital where they will be subjected to the immunoflourescent test.

Neither Dr Gallo's nor Professor Becker's tests are as yet foolproof and virologists are desperately trying to devise a totally reliable screening test for blood to ensure protection of blood recipients.

Haemophiliacs, who receive the blood product Factor VIII which is often derived from large numbers of donors, are the third highest "at-risk" group for AIDS infection.

Already members of this group, including children, have accidentally been given HTLV III-contaminated blood products in Australia, the US and the United Kingdom, and some have developed the syndrome and died.

Dr P J Coghlan, director of the WPBTS, said the Service had approached the Gay Association of South Africa (GASA) and asked it to request its members who believed they were at risk of developing AIDS to give blood samples for analysis.

● Top-level talks on AIDS, page 6

New UK test for Aids

SPECTRUM ISSUE: The fight against disease

A leading British medical official has appealed for "less hysteria" about the killer disease, Aids. The Argus Foreign Service reports from London.

BRITAIN'S Department of Health is developing a test for Aids in donated blood and hopes to make it available "in the next few months".

But at least one local health authority has calculated that it will cost nearly R3 to test each of the donations it receives.

The department has made it clear that area health authorities would be expected to finance the tests out of their existing budgets.

"There are no plans to provide central funds for this," a spokesman said.

Extra money

But the Oxford Health Authority, which estimates that the testing of the 180 000 donations it receives each year will cost nearly R550 000, said that if extra money were not made available the tests would be "something else we won't be able to do".

Meanwhile, in spite of mounting fears in Britain about the killer disease, the Government has decided it will not make it a notifiable disease.

Health Minister Kenneth Clarke says the spread of Aids is being effectively monitored. Making it notifiable might drive the disease underground.

But, he added, health authorities would be given powers to detain victims in exceptional circumstances, for example if a dangerously infected and delirious patient refused to into hospital.

"I must stress that these powers have no relevance to the overwhelming majority of Aids patients," he said.

"Miniscule"

Mr Clarke also said the risk of exposure to the Aids virus was "miniscule" and he announced that all doctors would receive advice on the disease.

The Health Department's chief medical officer, Dr Donald Acheson, has said that a "fairly rapid increase" in the number of Aids cases was expected during the next three years at least.

In 1988, he said, there might be as many as 2 000 cases. At present about 67 patients have the illness and another 55 have died.

Meanwhile, the myths about Aids are multiplying faster than the disease, according to Dr Anthony Pinching, a consultant in clinical immunology at London's St Mary's Hospital, who has cared for 40 Aids patients.

Appealing for less hysteria about the risks of infection, he said Aids victims were not dangerous to other people.

"Sympathy"

"They are people who are very sick and they need our sympathy, our care and understanding."

A Home Office Minister, Lord Elton, has endorsed this view, saying that heterosexuals had nothing to fear from Aids victims. Only contact of the most intimate nature could lead to infection, he said. "It really is quite difficult to catch."

The risks of catching Aids for people not in a high risk group (homosexuals, regular drug-takers who share needles, or haemophiliacs) are negligible.

Even if you live with a sufferer there is virtually no chance of getting Aids unless you indulge in sexual acts that might cause bleeding, or if you share a razor or a syringe. There is no evidence that the disease is transmitted via saliva.

Partners

British doctors have recommended that homosexuals avoid all forms of sexual intercourse except with regular partners.

The virus appears to kill only one in 10 of those whose blood it invades. There is no easy test to confirm the disease.

The first signs are night sweating, fevers, rapid weight loss, lethargy and general malaise. Sometimes these symptoms diasappear. Swelling of the lymph glands and the appearance of skin blotches are the first signs that the full Aids conditon has developed. Symptoms can take between six months and four years to appear.

Cancers

The Aids virus attack cells in the blood known as T-helper cells. These protect people against certain diseases. Without them victims succumb to illnesses that include pneumonias and cancers.

A cure is still far off, although scientists are working on various approaches.

Aids is notifiable in the US

CHEETAH HAYSOM of the Argus Foreign Service reports from New York on progress in the United States on treating Aids.

OFFICIAL investigation of the deadly disease known as Aids got underway in the United States in 1981 but it was not until 1984 that it was declared officially notifiable.

Mr Bob Aldren, a public information officer at the Atlanta Centre for Disease Control, said making a disease notifiable was more a procedural issue — "a good way of getting health statistics." The number of cases reported after Aids became notifiable d'd not jump.

In fact from 1981 to 1984 the number of cases seemed to be doubling every 12 months. After it became notifiable the disease was doubling every six months.

A disease becomes officially notifiable on agreement between the various state epidemiologists. It is not a federal government decision.

Under fire

Information about the disease in other countries is usually gathered through the World Health Organisation, a branch of the United Nations.

The Reagan Administration has come under fire in the past few days for its its lack of spending on research into what is designated the country's top health priority.

A new report from Congress, prepared by the Office of Techonology Assessment, said the Reagan budget for 1986 called for a R20-million cut in funds for research into Aids, a disease which has killed nearly 4 000 of the 8 000 known victims so far. There is no known cure.

Some experts expect thousands of new cases of Aids in the next two years.

Top-level talks on AIDS held in City

Political Staff

TOP-LEVEL talks on AIDS were held in Cape Town yesterday by the Minister of Health, Dr Nak van der Merwe, his deputy, Dr George Morrison, and senior health officials.

Later Dr Morrison said he thought the government would be issuing a statement in the next few days to put people at ease about the disease which has been highlighted by weekend reports of blood donated by an AIDS victim having to be taken out of circulation at the last minute.

In the meantime, Dr Morrison has issued a strong appeal to anyone who might have been exposed to the possibility of contracting the dreaded illness to refrain from donating blood at all.

No certainty

Asked why AIDS had not been declared a notifiable disease, Dr Morrison said the problem was that it was not easy to diagnose in the early stages and that it was virtually impossible to recognize until very late.

Dr Morrison said his department was investigating claims by certain people that they had a treatment for AIDS but that there was still no certainty about the matter.

"Until early diagnosis is possible I would appeal to anyone who might have exposed themselves to circumstances in which the disease can be contracted not to donate blood to any service," said Dr Morrison.

The authorities were concerned about the situation but could do little other than to rely on the co-operation of the public.

The government would not hesitate to declare AIDS a notifiable illness if early diagnosis was possible.

'Too late'

Asked to comment on Australian legislation which provides for a charge of manslaughter to be laid against an AIDS victim who knowingly gives blood which leads to another person's death, Dr Morrison said it would be difficult to implement.

"The problem is that at present it is highly unlikely that a person would know he has AIDS until it is too late and it would be difficult to prove 'intent' in a case of this kind," said Dr Morrison.

He hoped that the government would be able to reassure the public on the issue in the next few days.

Aids deaths in eight years

Eight SA in past two

By TOS WENTZEL
Political Correspondent

THE Government today released figures showing that 16 cases of Aids (Acquired Immune Deficiency Syndrome) have occurred in South Africa since January 1983 and that eight of the victims have died.

An advisory council of experts has been created to deal with aspects of the killer disease and possible problems in areas such as blood transfusion.

But the Department of Health insisted today there was no epidemic of Aids. It said the disease was not a public health problem of any significant magnitude in South Africa, although it had become a significant problem in many Western countries.

In a lengthy statement the department criticised what it described as "sensational reports" which had distorted the situation and had led to mass hysteria in certain sectors of the population.

It again called on homosexuals and drug addicts not to donate blood.

A number of misconceptions and half-truths had spread, largely as a result of ignorance and misconceptions.

Through sexual contact

It was of the greatest importance that these misconceptions be corrected.

In the first place it was clear, in the light of present knowledge, that the disease could only be spread in two ways: through sexual contact — usually homosexual contact — and through blood, as in the case of blood transfusions and contaminated needles used by drug addicts.

There was no proof that the disease could be spread haphazardly. It could not be carried to a non-infected person through saliva.

There were no documented cases of Aids in health personnel or laboratory workers.

The occurrence of Aids cases in South Africa had been extremely low.

Although additional cases could be expected and although the disease had become a significant problem in many Western countries, there was no reason to talk of an epidemic or a pandemic of Aids.

Although the disease could be spread through blood transfusion this, too, had to be put into perspective.

It was known that in the US only one percent of cases of Aids were spread through blood transfusions, although millions of units of blood were used there each year.

The department called on people not to refuse blood transfusions as this could lead to unnecessary fatalities.

The risk involved in blood transfusions were lower in South Africa than in the US.

In South Africa all blood transfusions took place on a voluntary basis, while in the US many drug addicts sold blood to earn money for drug. Drug addicts were especially responsible for spreading the disease.

The department made an urgent appeal to homosexuals and drug addicts not to donate blood.

An advice council of virologists, epidemologists, immunologists and experts on blood transfusions had been appointed.

This body was advising the department on all aspects of Aids and waso a source of knowledge for doctors and oth-

(Turn to Page 2, col 5.)

P. T. O.

CAPE TIMES 27/2/85

over AIDS hysteria

By CHRIS ERASMUS
Medical Reporter

SOUTH AFRICAN gays and medical authorities are concerned that the "mass hysteria" encouraged by the extensive media coverage of the AIDS problem is causing a backlash against them.

Both Cape Town's Gay Projects Committee (GPC) and the Gay Association of South Africa (GASA) echoed yesterday's statement by Dr George Watermeyer, Deputy Director General, Health Care, in the Department of Health and Welfare, that AIDS was subject to sensationalized reporting.

He said AIDS had not yet become a significant public health problem in South Africa, although it was a serious problem in many Western countries.

The significance of the illness had, as a result of sensational reporting by some media, been taken out of context causing "mass hysteria" among some members of the public, said Dr Watermeyer.

'Stable single-partner relationships'

Mr André de Villiers, chairman of the GPC and owner of a City gay club, said yesterday that many gays were very concerned by the public's over-reaction to the AIDS issue.

He said the gay community was very active in educating its members of the need to reduce promiscuity as a way of controlling the spread of AIDS. Most gays had stable single-partner relationships and were no more a threat to society than "straight" couples.

Unconfirmed reports had been received of "gay-bashing" having taken place in known gay pick-up areas — something which has not been seen in Cape Town for many years — following the recent spate of reports on AIDS.

A spokesman for GASA agreed that some reports had stirred up undesirable emotions in some sections of the public and that AIDS should not be called the "gay plague".

'Half-truths and misconceptions'

He said they had not, however, heard about any 'gay-bashing' and that the issue should not be sensationalized.

Dr Watermeyer said in his statement that many half-truths and misconceptions had been circulated lately and these had to be put into perspective.

AIDS could only be spread in two ways: by sexual contact — usually between homosexuals — and by blood. In the latter case, transmission was via blood-transfusions and between drug-addicts using infected needles, said Dr Watermeyer.

Although Dr Watermeyer said the disease did not spread haphazardly and could not be transmitted by spittle, the AIDS-causing virus has been grown from saliva in various overseas laboratories. It is still not clear, however, what role, if any, saliva plays in the transmission of the disease.

He also said there were no documented cases of health personnel or laboratory workers contracting the disease.

British nurse infected

But a report from London earlier this week said a British nurse had been infected with the AIDS-causing virus HTLV III after pricking herself with a needle used in the treatment of an AIDS patient. There was no indication as yet as to whether the nurse had contracted the full AIDS syndrome.

The incidence of AIDS in South Africa was "extremely low", said Dr Watermeyer. Since January 1983, 16 cases had been documented, eight of whom had died. Although more cases could be expected, there was no reason to talk about an epidemic.

It was very important, he said, that patients in need of blood-transfusions or their families should under no circumstances refuse a transfusion when it was needed as this might result in needless death.

"An urgent appeal is, however, made to homosexuals and persons who are addicted to drugs not to donate blood."

Scrap 'gay' laws to fight AIDS

CAPE Times 28/2/85 (92)

IDEAS differed strongly on the subject of AIDS yesterday.

Leon Linz, Sea Point: "Before any consideration can be given to making AIDS a notifiable disease, it is imperative that all anti-gay legislation be scrapped. Until such time as people are able to be openly gay, without the threat of prosecution or the stigma associated with being considered a criminal under our iniquitous laws, our chances of dealing effectively with any gay-related concern will be severely handicapped."

Mr Andre de Villiers, Cape Town: "I feel strongly that this is a complex issue which should be left to debate and decision by the medical profession — and not the rantings of a hysterical public."

Tim Walton, Clifton: "Let gays decide whether AIDS should be notifiable."

Ghyll Kincaid-Smith, Oranjezicht: "What is considered to be outside the norm of society always causes mass hysteria, and the public media should avoid sensationalizing subjects like AIDS (as in the disgusting phrase 'gay plague'). AIDS is a social disease, not restricted to gays, and a mature and adult point of view should be taken of it."

Mr J Miller, Parow: "Will AIDS (which should be notifiable) lead to the death of homosexuality?"

Gillian Swanepoel, Constantia: "The identity of diagnosed AIDS victims should be accessible, public knowledge — thus minimizing contact. I also feel that the unnecessary discrimination and prejudice exhibited towards the gay community should be eradicated."

Mary Burton, Wynberg: "Wouldn't it be a good idea if all AIDS sufferers could be treated in an isolation hospital designated for that disease only?"

Walter Brinkman, Cape Town: "If AIDS is spread by blood, could mosquitoes not be the carriers? This would mean that everyone is exposed to the disease."

Ian Campbell, Wetton: "As it takes just one



blood donor to affect several unsuspecting recipients, AIDS should be notifiable."

Mr T Akerman, Wynberg: "AIDS should be notifiable. Possibly the disease is nature's way of eradicating the practice of homosexuality?"

David Mantell, Rondebosch: "Prevention is always better than cure."

Mr L Strimling, Sea Point: "It cost 18 lives to get the government to redevelop Crossroads — how many more must die



before racial injustice is completely eliminated in this blighted land?"

Mr V D Poni, Langa: "If those hundreds of workers had to be brought from the Transvaal to 'help people move to Khayelitsha', who 'helped' those already there?"

A Rondebosch doctor: "Replying to Cape Times Watchdog (Tuesday), I would like to point out that medical practitioners deal with human lives and we cannot erase our mistakes with a rubber; we deal through medical-aid societies and have to wait at least 90 days for payment; our hours worked are at least double those of other professions; and the figure of R12,50 quoted by the writer as the cost of an injection given is actually R3 more than any general practitioner would charge."

Mrs A Buske, Heathfield: "Surely it is revenue lost when Post Office employees get free telephone services?"

Mrs M I Evans, Fresnaye: "A Teleletters caller complained yesterday about news coverage of the Royal Family. He seems to forget that until a few years ago South Africa was part of the Commonwealth and that many of us are still loyal royalists and are interested in such snippets of news."

Mr Alan Fobian, Bellville: "Having had some experience with Teleletters, I can understand why the Cape Times is so opposed to government press censorship — their own censorship makes government intervention unnecessary." *(As explained to Mr Fobian, brevity and topicality are the keynotes of Teleletters, with space availability dictating the final content.)*

Mr G Sutherland, Newlands: "To get the Western Province cricket team right, we need a new panel of selectors — one which will neither choose out-of-form players nor import has-beens from overseas."

If you would like to comment on these views or any other topic, telephone Teleletters on 24-2233, extension 216, between 9am and noon today.

AIDS in SA: Beware 'unduly alarmist' press

Medical Reporter

ANOTHER gay association has come out strongly against "unduly alarmist" press reports on the spread of AIDS in South Africa.

A statement by GASA-6010, an affiliate organization of the Gay Association of South Africa, welcomes the role that recent press coverage of AIDS has had in highlighting the potential threat to the community of the disease, and in making gay men more aware of the risks of multiple sexual contacts

But much of the reporting on the killer disease has been unduly alarmist, says the statement.

Pointing out that AIDS does not exclusively affect male homosexuals, as has been implied in some reports, but that about 30 percent of those with the disease are not male homosexuals, the statement also says that a high percentage of people infected with the AIDS-causing virus never develop the disease, and that so far there is no evidence that AIDS can be communicated by casual social contact.

According to the statement, GASA-6010 members are concerned that making the disease notifiable could raise problems over patient confidentiality.

"As an alternative", says the statement, "we propose a system of voluntary reporting by doctors to a local register with strict safeguards for confidentiality."

The statement says that if sexual contact between consenting male adults were decriminalized, keeping track of AIDS would be a much easier task for health authorities

● GASA-6010 is offering to advise those with AIDS-related problems. The organization can be contacted at ☎ 21-5420, paging number 77-4452.

AIDS in SA: Beware 'unduly alarmist' press

CAPE TIMES 5/3/88 92

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First SA black AIDS victim

Cape Times 8/3/85 92

Own Correspondent

JOHANNESBURG. — South Africa's latest — and first black — AIDS victim was identified by a Mafikeng hospital yesterday. He is a 27-year-old labourer, who has denied that he ever had homosexual relations.

Dr B J K Dykstra of Mafikeng's Victoria Hospital said last night he learnt from test results yesterday that the Tswana man, whom he would not identify, suffered from Acquired Immune Deficiency Syndrome, the dreaded, potentially lethal, contagious disease without cure.

But the man, who stayed in a men-only workers' camp and was busy with the laying of a pipeline, denied that he had sexual relations with men.

He has been allowed to leave hospital.

Sixteen people — mostly homosexuals — have been found to have AIDS in South Africa since January 1983, of whom half have died.

A bio-chemist expressed concern last night that South Africa's black migrant workers' compounds — where apartheid policies force males to stay without women — may be a "breeding ground" for AIDS.

But AIDS expert Dr F Spracklen said the man's claim that he was not homosexual tied in with the occurrence of AIDS in black men in the rest of Africa, where it appeared to be transmitted heterosexually.

Not all AIDS virus carriers get the disease

Cape Times 9/3/85

92

Medical Reporter

HOW do you know if you have AIDS?

There is still no absolutely certain way of telling, but medical authorities have accepted that a person with 80 percent or more of the symptoms listed as those associated with AIDS probably has the disease.

The symptoms generally accepted to be associated with AIDS are, initially, extreme lethargy and weakness, night sweats, diarrhoea and loss of weight and appetite.

If such a person also comes up positive on one or other of the AIDS-virus antibody blood screening tests, the diagnosis is supported, as it is if the AIDS virus is cultured from the tissues of a person with most of the symptoms.

There should also be changes to the T-lymphocyte (helper) white cell ratio, which can be detected with the proper tests, for a positive diagnosis.

Medical authorities have pointed out that no one symptom or sign of the disease is sufficient on its own to warrant a diagnosis of AIDS. For instance, many people carry the virus — and this may be shown in blood screening tests for its antibody — but do not develop the illness.

Those people who do become ill with the disease — less than 10 percent of all carriers of the virus — are thought to do so because their immune systems have not been strong enough to fight off the virus.

In the second phase of the disease, as the AIDS-virus begins to get the upper hand over the T-helper cells which it attacks and which form part of the body's immune system, the sufferer has repeated infections from a wide variety of organisms taking advantage of the weakened immune system.

At this stage a person could have bacterial, fungal or viral infections of the skin, mouth, throat, lungs or gasto-intestinal tract. As the nervous system is affected, the sufferer may have malignancies of the white cells with disturbed vision, fits or symptoms resembling a stroke.

In the later stages infections become more frequent and resistant to treatment while malignancies such as Kaposi's sarcoma often appear. Patients usually die as a result of multiple uncontrollable infections, particularly pneumonia, or spreading malignancies.

● Those who feel they might have AIDS are asked to contact the department of medical virology at Tygerberg Hospital ☎ 931 3131.

'Awesome' spread of Aids worldwide

D/t ARGUS 9/3/85 92

Weekend Argus Correspondent

DURBAN. — Frightening new statistics have been released about Aids, the deadly viral infection that wipes out the body's immune system.

According to one expert, the "awesome" spread of the disease around the world and the lack of effective treatment "leaves one with a feeling of helplessness".

Hopes for a vaccine are fading.

The Aids virus — which was identified recently — is changing constantly and a vaccine effective against one strain might not be effective against another.

At an Infection Control Congress in Durban this week, Aids authority Dr Reuben Sher of the South African Institute for Medical Research disclosed that 10 to 15 percent of Johannesburg's 25 000 male homosexuals are probably infected.

The virus attacks the body's natural defences against disease. This lays the way open for a form of cancer called Kapois's Sarcoma, or to illness or death from a variety of other infections which the body would normally be able to ward off.

The disease is viciously infectious and spreading fast. In South Africa, where the first case was reported in 1982 and where seven victims have died so far, the situation is deteriorating. Other statistics show:

● About half the homosexual and bisexual men in Sydney, Australia, are feared to be carrying Aids.

● In San Francisco, the gay capital of the United States, the death rate is two people every day. The disease has hit between 6 000 and 8 000 people in the United States and 3 737 have died.

● In Canada, one in four of a test sample of 402 homosexual men were found to be infected.

● In Sweden, eight people have died and a further 200 to 300 people have symptoms of the disease. A Government agency has recommended a two-year prison sentence for Aids victims who have sexual intercourse with non-sufferers.

Russian interest

● Two cases have been announced in Czechoslavakia.

● Russia provides no statistics but has asked specifically to be included in all conferences and research developments.

● In Britain, where the disease was unknown two years ago, 46 people died by January 1985, three of them women. The Royal College of Nursing has forecast 1 000 000 sufferers in Britain by 1991 if the disease continues to spread.

Seventy percent of cases worldwide have been reported among homosexuals.

AIDS: Dental tools fear

Cape Times 12/3/85 92

By CHRIS ERASMUS
Medical Reporter

DENTISTS need to be informed by the SA Medical and Dental Council of the risk of transmitting the AIDS-causing virus via dental tools, said one of two doctors who last night addressed an information meeting of about 100 gay people in the City gay club Off Beat.

After showing a 1983 BBC film on AIDS, the doctors answered questions on the disease and on methods of avoiding contracting it.

In reply to a question on how aware dentists in South Africa were of the possibility of transmission of the AIDS-causing virus via their dental equipment, one of the doctors said tools used on an infected person could easily transmit the virus to other dental patients.

"I'm certain the presence of small amounts of blood in patients' mouths creates the possibility of the virus being transmitted.

"Although I'm sure most dentists are aware of the necessary hygiene precautions in this regard, something still needs to be done to reinforce the point," he said.

NATIONAL

Tattooing could spread Aids claim

ARGUS 14/3/85 92

Argus Correspondent

JOHANNESBURG. — Having a tattoo could be a possible way of contracting the often fatal Aids if precautions are not taken by the tattooist.

Aids expert at the Institute of Medical Research in Johannesburg, Dr Ruben Sher, yesterday confirmed that Aids could possibly be passed on in this way if the needle-like instruments used on clients were not sterilised.

"The instruments would have to be subjected to high heat to destroy germs or would need to be sterilised using a chemical substance for it to be totally safe," said Dr Sher.

It has been found that tattooing is too often an unhygienic procedure at the best of times and now with the risk of Aids it is even worse.

Dr Sher said that it was known that Hepatitis B had been passed on by tattooing, but although it was a theoretical possibility that Aids could be passed on in this way, there had not been a case to substantiate this.

"It is thought that Aids was spread in Zaire by a similar sort of method, scarification, which is when witchdoctors scratch the skin of locals for cultural and medical reasons. People have died of Aids which was suspected to have been passed on in this way," said Dr Sher.

A well-known Johannesburg tattooist who works from the Hillbrow flea market, Mr Alain Reymond, said: "All our needles are sterilised by a special sterilising process so Aids could never be transmitted because we are very clean and safe in the way we work."

Mr Reymond said that he could not speak for other tattooists and whether they sterilised their needles.

CAPE TIMES 14/3/85 (92)

Aids mutating ability worries researchers

Unknown, or at least unrecognized, before 1978, Aids has been subject to public hysteria, inaccurately labelled the "gay plague", and widely misunderstood by the public. Meanwhile medical authorites battle with the increasingly difficult task of limiting the spread of this viral disease which can remain dormant for up to four years after infection. Medical Reporter CHRIS ERASMUS takes a look at the Aids enigma.

THE origins of Aids (Acquired Immune Deficiency Syndrome) are mysterious.

One suggestion, from Dr Robert Gallo of the US National Institute of Health in Bethesda, Maryland, and the first American to link the HTLV III Aids-causing virus to the disease in May last year, is that the virus may have mutated from a very similar virus found in chickens.

Its route into humans, he suggests, might be through Voodoo rituals in Africa or Haiti during which the heads of live chickens were bitten off and their blood drunk.

Once inside humans, the blood-borne virus may well have mutated into something that could attack the immune system's defence mechanisms (the virus invades and destroys T-helper cells which are also intimately involved in the production of invader-fighting anti-bodies). If the virus gets the upper hand, the body loses its self-protective ability and the patient falls victim to a range of opportunistic parasites and cancers.

Mutated

That hypothesis is not as wild as it sounds. For one thing, the disease does seem to have originated in tropical Africa and/or Haiti. From Haiti the virus could have been communicated to visiting homosexuals, particularly Americans, who took it home and spread it widely (more than 200 000 Americans are thought to carry HTLV III, over 8 000 have fallen prey to Aids and nearly half of these have died).

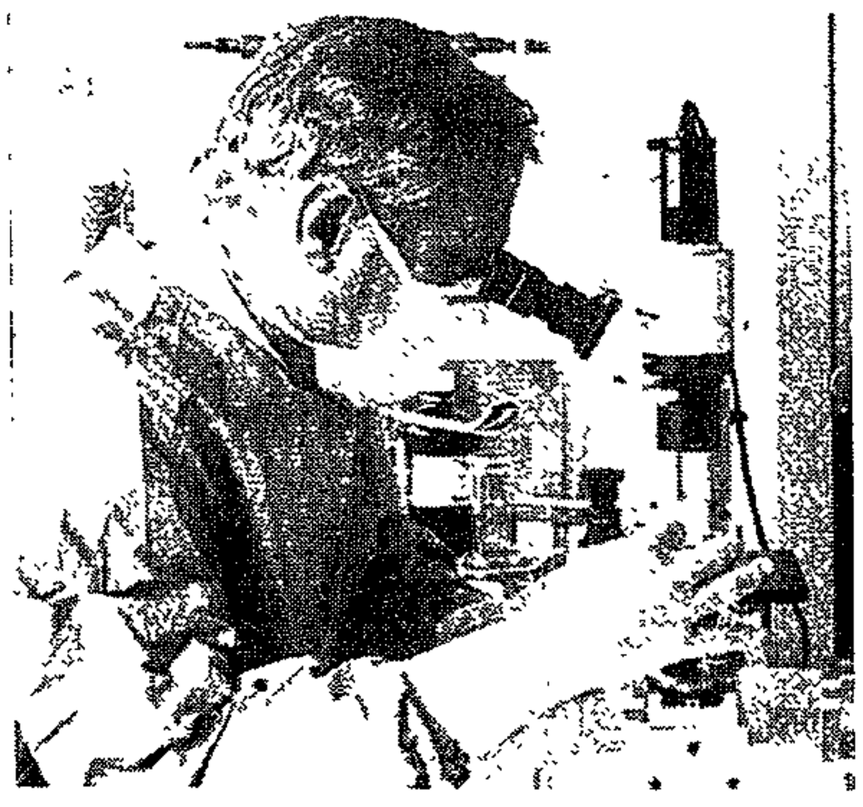
Another fact supporting this theory comes from a researcher, reporting to an American meeting of microbiologists late last year, who said that HTLV III has mutated into at least 100 genetically varied forms already. Dr Gallo has recently suggested that the virus has at least three sub-groups, each with their own unique characteristics.

Further evidence comes from Africa where the disease is known to be spreading southwards from the centre of the continent. Reports of cases have come in from Uganda and Zaire and most recently from Zambia where nine out of 13 patients, suspected to have Aids, died of Kaposi's sarcoma, a form of cancer common to Aids victims.

African Aids, as it is called, may also be caused by a unique sub-group of the HTLV III viruses which have mutated separately and divergently from their American and European cousins. Last week it was reported that a black man on the Reef had become the latest suspected sufferer of African Aids.

The virus' rapid mutation rate is causing concern to virologists as there is no way of predicting or preventing the sudden emergence of a new variety which could be more virulent or more easily transmitted than the current forms.

This particular feature of the organism is distressing researchers as it is far from certain that any anti-viral agent developed to fight HTLV III — something estimated to still be between three and six years away — will continue to be effective against the bug as it mutates, just as one year's anti-flu vaccine becomes useless as the the virus mutates into another form.



Professor Walter Becker, head of the Tygerberg Hospital virology team which cultured the Aids virus from the tissues of a local sufferer.



Aids-causing HTLV III viruses emerging from a cell. Note the characteristic blob-like dark sections which help in visually identifying the virus.

Picture Tygerberg Hospital and the University of Stellenbosch

Apart from research conducted by Louis Montagnier, of the Pasteur Institute in Paris — the man who isolated the Aids virus a year before the Americans — and his European colleagues, very little work is being done on the Africa version of the HTLV III virus.

However African Aids is known to differ from the disease as found in Americans and Europeans in one very important respect — it is is found in almost as many women as men. Outside Africa homosexual men make up 70 percent of Aids patients.

The promiscuous life-styles of many non-African homosexuals is felt by researchers to be the cause of the high incidence of Aids among these men. Aids is not a "gay plague". Like herpes or syphilis, it is primarily passed on sexually and women run the same risk of contracting it as men.

As the disease moves increasingly into the heterosexual community in the US, Europe and elsewhere, attempts to curb its spread are meeting with some success.

In the last month a major pharmaceutical company, a British laboratory and two South African laboratories, one of them at Tygerberg Hospital, have reported the development of screening tests to try to identify anti-bodies to the HTLV III virus.

None of these tests are foolproof yet, although in combination they should be capable of reliably detecting the virus or its anti-bodies. Their development is a major step forward in preventing the accidental spread of the virus to whole-blood and blood-product recipients such as haemophiliacs.

Of equal importance is the imminent decision by health authorities on Aids. Should it be made notifiable, as Dr Ruben Sher, of the SA Medical Research Institute and one of SA's leading Aids researchers, believes? Or should it be left unnotifiable, but a register be kept on contacts of victims?

Syndrome

The argument for notifiability is that it would be easier to keep track of the contacts, but the argument against is that it might force the disease underground.

A more tricky problem is keeping track of the HTLV III carriers who do not develop the full syndrome. Only 10 percent of those exposed to the virus get Aids, probably because their immune systems are unable to ward off the attacks of the virus.

But all those infected with HTLV III are carriers for some period, whether they recover or not. The 90-plus percent who do not become Aids victims are nonetheless transmitters of the virus until their immune systems develop anti-bodies to it and knock it out.

Following up the contacts of those carriers who never develop the full syndrome is surely going to prove the most intractable of the Aids-related problems facing medical authorities in the immediate future.

Nedbank Limited Registered Commercial Bank

92

Shock AIDS warning by American scientist

LONDON. — The American scientist who discovered AIDS claims that two million people in the United States are infected by the virus, almost 10 times the official estimate, the Observer reported yesterday.

Dr Robert Gallo said the disease probably would take a similar grip in Europe within two years with as many as 500 000 affected in Britain. Up to one in five sufferers could die, he said.

"People will accuse me of being alarmist," Dr Gallo told the Observer. "Of course I accept that we should not cause panic. Equally we should not be complacent about AIDS.

"Science has reacted at the speed of light to combat AIDS but we have still not kept up with the disease. There are going to be a lot of deaths."

Major epidemic

In the same interview Dr Gallo predicted that a second major epidemic — called T-cell leukaemia, produced by a virus related to the one that causes AIDS — was imminent.

He said T-cell leukaemia was transmitted through contaminated blood as is AIDS and already was well established in the Caribbean, Sicily and Japan.

The virus only caused full leukaemia in one percent of cases.

Dr Gallo, of the National Cancer Institute in Bethesda, Maryland, said blood samples of American homosexuals taken in cities with a high homosexual population showed about 50 to 60 percent carrying the AIDS virus.

"Over the nation the average may be only about 20 percent. That still means that 2 million are infected."

AIDS — Acquired Immunity Deficiency Syndrome — breaks down the body's resistance to disease. It has no known cure.

He qualified his estimate of 500 000 AIDS carriers in Europe within two years by saying: "You probably do not have so many promiscuous homosexuals or intravenous drug users, the real risk groups in America.

"You also have the example of AIDS's spread in America as a lesson."

● Meanwhile, the virology department at Tygerberg Hospital has found antibodies of the AIDS virus in at least seven healthy homosexual men in the Western Cape.

Dr Michael Bekker, one of the researchers engaged in tracing AIDS victims, says positive antibody tests on the healthy men either meant that they were not affected by the virus, might be asymptomatic carriers, or might still develop AIDS, whose incubation period is up to four years, SABC radio reported yesterday.

So far AIDS in the Western Cape has been identified positively in only two cases.

The antibody test cannot detect the AIDS virus, but can confirm whether a person has been in contact with it, and the virology department is now working on a short method of isolating the virus. — UPI and Sapa.

City VD clinics start AIDS screening

By CHRIS ERASMUS
Medical Reporter

CAPE TOWN'S VD clinics have begun assisting in the screening of people who are likely to have been infected by the AIDS-causing virus, according to the Medical Officer of Health, Dr Reg Coogan.

And the department of medical virology at the University of Stellenbosch has called for "a large number" of homosexuals who feel they may have been in contact with someone carrying the virus to come forward for testing.

Dr Coogan said yesterday that after an AIDS planning meeting in the City last month, a protocol had been worked out to deal with people who may be AIDS-virus carriers who arrive at the City's VD clinics.

"The staff at the clinics have been instructed to physically examine people they believe may be carrying the virus for certain signs and symptoms associated with AIDS and to take their personal histories.

"If we think there is a reasonable possibility of such a person being infected with HTLV III (the organism believed to cause AIDS), then blood samples will be taken and sent to the local State Health laboratories, from where they may be referred to the Tygerberg Hospital virology department."

Meanwhile, medical authorities have again asked people wishing to be tested for the AIDS-virus antibodies not to contact blood-transfusion services, but their personal doctors.

"If someone feels they are at risk and he does not have a doctor he can go to Tygerberg Hospital, Somerset Hospital or Groote Schuur, where his case will be dealt with," said Dr Hans Steyn, regional director in the Department of Health.

Dr Michael Becker, of the Tygerberg Hospital/Stellenbosch University's department of medical virology, has asked for homosexual men "from across the spectrum" to donate blood samples.

"We need at least 300 of these people. They need not feel that they are in the very high risk group — in fact it would be better if we had a representative cross-section of the City's homosexual community."

The department can be reached by phoning 931-3131 extension 354.

● Dr Becker also said the department was hoping to reduce from six weeks to one week the time taken to culture the HTLV III virus.

"The existing tests do not tell us whether the patient still has the virus — only whether he/she has at some time developed antibodies to it. By developing a relatively cheap and quick culturing process we can test everyone with antibodies to see whether they still have the virus."

Doctors sent facts on AIDS

Cape Times 29/4/85

92

Medical Reporter

A LETTER detailing the medical facts of the Acquired Immune Deficiency Syndrome (AIDS) has been sent to general practitioners throughout the Western Cape by the Department of Health.

The letter, which says that AIDS is not yet, but may become, a serious health problem in South Africa, lists the various diseases that develop in AIDS patients, the methods of transmission of the causative agent, the HTLV III virus, the high-risk groups for infection with HTLV III and management techniques for patients with the condition.

Those wishing to undergo tests for antibodies to the AIDS-causing virus may still do so, but must first go to their private doctors before their blood samples will be sent to Tygerberg Hospital/Stellenbosch University's department of medical virology for testing.

ARGUS 29/4/85 (92)

Sex-related illness soars in the Cape

Staff Reporter

SEXUALLY transmitted diseases (STD) showed a steep increase in Cape Town and surrounding areas last year, according to figures from the city Health Department and the Divisional Council.

Cases treated at city clinics showed a 16,8 percent increase and clinics of the combined health control scheme of the Divisional Council treated 13,2 percent more cases than in 1983.

According to Dr Reg Coogan, Medical Officer of Health for the city, the 11 365 new cases in 1984 represented only the visible tip of the problem as many patients went to private doctors for treatment.

Indication

"We possibly see only about 20 percent of the cases so the figures can be taken only as an indication of the extent of the problem," said Dr Coogan.

Dr L R Tibbit, the Divisional Council MOH, said because STD were not notifiable it was impossible to keep a tally of the total occurrence.

"Many cases are treeated by private doctors and hospitals, so our figures are not a true representation of the number of VD cases in the area," he said.

Dr Coogan said 1984 showed an eight percent decline in syphilis cases, while gonorrhoea and other inflamations of the urethral tract (including chlamydia) increased by 24,9 percent and herpes increased by 21 percent.

Figures from the combined health control Scheme, which includes neighbouring municipalities in addition to Divisional Council areas, showed that syphilis cases treated had dropped from 1 649 in 1983 to 1 389 last year; gonorrhoea cases increased to 601 in 1984 from 468, and other diseases (including chlamydia) increased from 635 in 1983 to 1 129 last year.

Dr Coogan said the Cape, like the rest of the world, had suffered almost an epidemic of STD in the 1970s. From 1980 the incidence had dropped until last year's increase.

Cape Times
10/5/85 (92)

Sharp rise in Cape VD cases

Medical Reporter

THE number of new cases of venereal disease in the Cape Town area increased dramatically over the past year, with 26 percent more cases reported in 1984 than in 1983, according to the City's Medical Officer of Health, Dr Reg Coogan.

And the increase was "just the tip of the iceberg", as most people — probably 80 percent — preferred to be treated by their own doctors rather than in public clinics, he said.

Commenting on his report to the amenities and health committee of Cape Town City Council in which the new VD statistics were given, Dr Coogan said that according to the latest figures assembled by his staff, there was "a clear upward trend in the number of new cases".

Newcomer

"The city health department clinics treated only an estimated 20 percent of the total VD incidences in the city — since these diseases are not notifiable we do not know the total number of cases, but those we treat appear to be only the tip of the iceberg, according to our investigations."

Dr Coogan said that while there had been a nine percent decrease in the number of new syphilis cases reported last year, there had also been a 29 percent increase in urethral infections, mainly gonorrhoea and chlamydia.

Chlamydia is a relative newcomer to the list of common STDs. It is an organism that infects the urinary tract and is both more difficult to trace and to treat than similar infections such as gonorrhoea.

Dr Coogan said he was not exceptionally worried about the spread of chlamydia, but said the disease accounted for "a large part" of the increase in recorded STDs.

Worldwide

"The increase in diagnosed cases of chlamydia is part of the public health picture worldwide at the moment. The higher figures for this disease are probably due, in part, to better diagnosis — the disease is clinically very similar to gonorrhoea and can only be confirmed microscopically.

"Another factor in the disease's increased incidence is its resistance to antibiotics. However, we are still able to control its spread and to treat it — the process is just a little more difficult and takes longer."

Dr Coogan said his department was involved in a continuous health education programme in factories, schools and the department's clinics against the spread of STDs and other diseases such as TB. There were also about 350 health inspectors, public health nurses and clinic sisters involved in the education programme.

the facts

TO correct material errors of fact, write to the Editor, Cape Times, PO Box 11, Cape Town, or dictate the complaint briefly to the Editor's office, telephone 24-2233 ext 220 between 9.15am and 5pm (Mondays to Fridays).

Date set for Biko doctors

Star 15/5/85 (AWB) 92

A top-level inquiry into the professional conduct of the two doctors who treated black consciousness leader Mr Steve Biko before he died in detention will start hearing evidence on July 1, the South African Medical and Dental Council (SAMDC) said yesterday.

An inquiry into the conduct of the two district surgeons, Dr Ivor Lang and Dr Benjamin Tucker, was ordered by the Transvaal Supreme Court earlier this year.

The SAMDC registrar, Mr Nicolaas Prinsloo, said the hearing would take place before a disciplinary committee of three to five council members, headed by the SAMDC president, Professor Frans Geldenhuys.

The exact wording of the charges against Dr Tucker and Dr Lang, who tended Mr Biko during the five days before his death in 1977, will be made public shortly before the hearing.

AIDS victim dies in City

Medical Reporter

ONE OF Cape Town's two confirmed AIDS victims, a man in his early 20s, died in Somerset Hospital last night

He was the first AIDS victim to die in the City. The other confirmed sufferer of the disease, which destroys the body's immune system, is believed to be relatively well at present.

A source close to the dead man said last night he had been ill for some time with a rare form of pneumonia, common in AIDS sufferers.

So far some 18 confirmed AIDS cases have been recorded in South Africa, nine of whom have died. Most cases and deaths have been in Johannesburg.

Medical authorities say many in the high-risk groups (promiscuous male homosexuals, intravenous-drug abusers, prostitutes and haemophiliacs) have also been infected with the HTLVIII virus, and have developed milder symptoms associated with AIDS. Of this group, who have Pre-AIDS, an estimated 10 to 15 percent are expected to develop the full AIDS syndrome.

Business Report
Pages 19 - 23

- Reserve Bank cuts rediscount rates
- Rembrandt profits soar 47 percent
- SAGGI - Judicial managers appointed
- Pop wines put fizz into SFW sales

R2,69, a national brand of teabags from R2,25 to R1,89c and a 750g pack of coffee from R3,79 to R3,49

Drastic reductions are being made until the end of the year in meat prices on top of the six to seven percent reductions announced three weeks ago. A Pick 'n Pay spokesman said the additional cuts would come into effect from Thursday.



CAPE TIMES 27/5/85 (92)

Twelve AIDS victims in SA have now died

By CHRIS ERASMUS
Medical Reporter

A DOZEN of South Africa's 18 officially confirmed AIDS patients have so far died of the disease, according to latest figures.

Dr Ruben Sher, a senior researcher at the SA Institute of Medical Research and a member of the government advisory group on the disease, said that after the recent deaths of two Johannesburg AIDS victims and one of the two Cape Town men diagnosed as having the disease, the toll in South Africa was now 12.

The other Cape Town man diagnosed as having AIDS was no longer considered to have the full syndrome and appeared to be recovering, said Dr Sher.

Of the 18 cases on Dr Sher's confidential register of AIDS patients, one was black and most were homosexual.

No new cases had been reported recently, although it was likely that the figure would grow soon, as South Africa was three to four years behind the United States and Europe in terms of the spread of the virus which caused the disease.

• Between three and four times as many people were presenting themselves to medical authorities with symptoms associated with AIDS but not suffering the full syndrome, he said.

Most of these people, categorized as having Pre-AIDS or AIDS-Related Complex (ARC), were not expected to develop the full syndrome, though the overseas experience was that between 10 and 15 percent would become AIDS patients.

Meanwhile, Professor Walter Becker and his team of researchers in the Tygerberg Hospital/University of Stellenbosch department of medical virology have tested 213 local high-risk individuals, most of them homosexuals, for antibodies to the HTLV III AIDS-causing virus.

About 28 had come up positive to the antibody test developed by Professor Becker, also a member of the government AIDS advisory group.

Of the 49 haemophiliacs tested, five had come up strongly positive and one weakly positive to the test, although none had developed clinical signs of the syndrome.

Of the 164 homosexuals tested so far, 16 were strongly positive and six weakly positive, with two uncertain. The 15 percent HTLV III antibody-positive rate for this group was consistent with the findings of a recently published study by Dr Sher and his coworkers of Johannesburg homosexuals which also showed that about 15 percent had been in contact with the virus.

About 10 percent of those who become infected with the virus eventually develop AIDS, although the onset period can vary from four months to four years. A significantly greater percentage develop the milder form of the disease and recover.

Aids advice group gives assurance on transfusions

JOHANNESBURG. — The Advisory Group on Aids and other organisations have taken steps to safeguard the public against the possibility of contracting Aids through blood transfusions, the chairman of the group, Professor J Metz, director of the South African Institute for Medical Research, said today.

He was commenting on Press reports at the weekend in which the issue of testing of blood for transfusion has raised.

"Blood transfusion services, the Gay Association of South Africa and other interested bodies throughout the country are vigorously discouraging the high-risk groups from giving blood," Professor Metz said.

"The risk of spreading Aids through blood transfusion should be seen in perspective. Although the number of Aids cases has been shown to double more or less each year in the United States, only about 1,5 percent can be associated with blood transfusion."

This meant that of the 140 cases that could be expected in South Africa in the next three years (18 have been reported so far; none transfusion-related) only two could possibly be attributable to blood transfusion.

UNCERTAINTIES

"For various reasons the group decided not to recommend that all blood donations be tested at this stage," Professor Metz said.

"Blood is not being tested because of the many uncertainties inherent in the currently available screening tests. There is danger of false-positives — and positive results do not necessarily mean that blood is infective.

"The consequences of telling a person that he has been exposed to the virus when this is not the case can be disastrous. Also, we are not quite sure what a positive result means in terms of contracting or spreading Aids."

Professor Metz said the group had also been concerned with preventing another possible way of transmitting Aids through blood — by some Factor VIII concentrates used in the treatment of haemophilia. Imported products, which possibly could be contaminated, had now been withdrawn from the South African market. — Sapa.



CITY/NATIONAL

Syphilis a major problem, says report

AK645 17/6/83

92

Staff Reporter

SYPHILIS is a major public health problem in Cape Town, according to a recent study at Groote Schuur, Mowbray Maternity and Peninsula Maternity hospitals.

At least 7,6 percent of pregnant women tested had the disease, it was reported in the South African Medical Journal.

The report of a study at the three hospitals and using laboratory records of the period January 1982 to January 1983, claims the screening programme used at Groote Schuur to identify the presence of the disease is satisfactory in identifying "the majority of patients with syphilis".

"This impression needs to be confirmed for our community," the report concluded.

Screening programme

The study concentrated on the efficacy of test procedures used to identify syphilis in pregnant women in order to prevent congenital syphilis.

"As this potentially serious disease is preventable, a good screening programme should form part of ante-natal care," the report said.

It is hospital policy that all ante-natal patients at Groote Schuur and its satellite centres are screened for syphilis. If the initial test shows a positive result, a further test is performed.

There were no local figures given of the number of peri-natal deaths due to the disease, but a study in Durban was quoted and the Cape Town study was undertaken against this background.

"In developing countries syphilis remains a major cause of peri-natal deaths. A study at King Edward VIII Hospital in Durban revealed a peri-natal mortality rate due to congenital syphilis of 72 percent stillborn infants and 28 percent early neo-natal deaths."

A study in Lusaka was quoted which showed that 8,6 percent of infants under the age of three months admitted to one hospital had signs of congenital syphilis.

Easy win for Stolk in

'Bangkok Clap' comes to the Cape

w/c Argus 27/7/85 (92)

SYBRAND MOSTERT
Weekend Argus Reporter

A NEW sexually-transmitted disease which does not respond to penicillin — "Bangkok Clap" — has reached Cape Town from the Far East.

Local health officials say the number of sexually-transmitted diseases (STD), including herpes and gonorrhoea, has increased sharply in the last year.

The first case of neisserea gonorrhoea — dubbed Bangkok Clap by local bacteriologists — was first reported a year ago in Cape Town.

Since then, they say, the number of cases diagnosed in Cape Town pathology laboratories has increased substantially.

"Neisserea is fairly widespread in the East," a local bacteriologist said. "Now it has spread down the east coast of Africa. Sailors are probably responsible.

"With Cape Town being a harbour city we have expected the disease to reach us. We think that it has spread to Cape Town from Durban, where they have a high incidence."

Difficult to treat

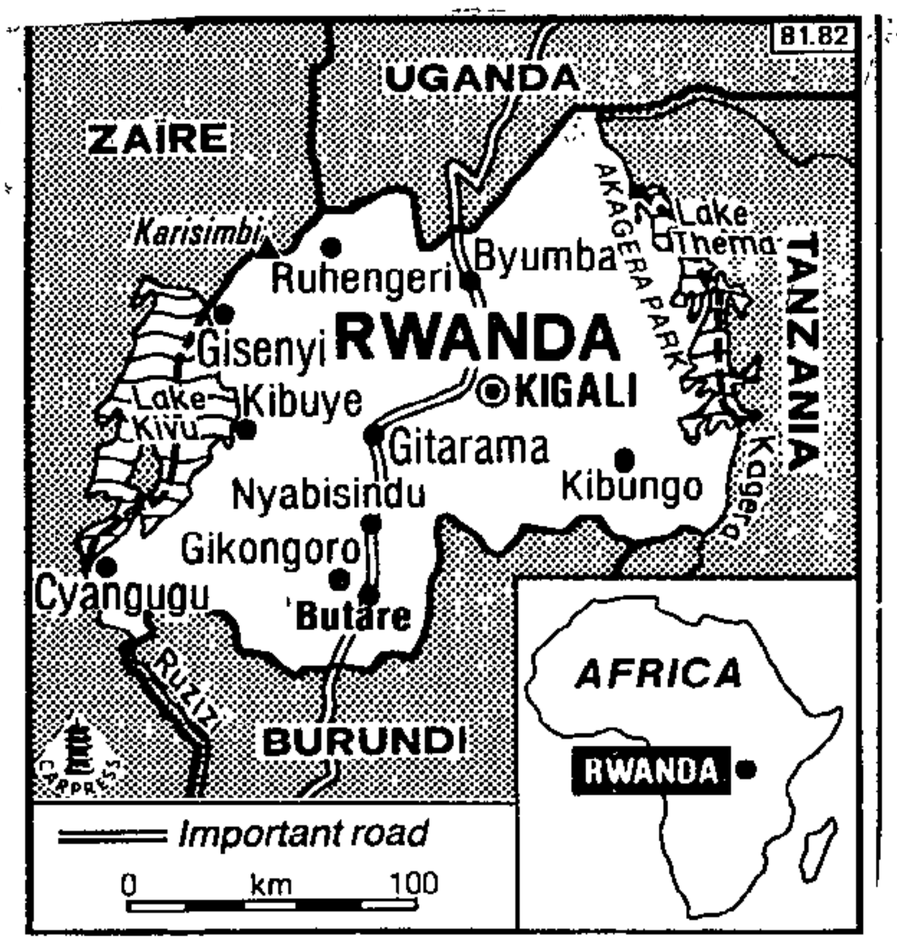
Neisserea, with symptoms similiar to gonorrhoea, is difficult to treat as it is penicilin-resistant.

According to Dr Reg Coogan, Cape Town's Medical Officer of Health, the Cape, like the rest of the world, had suffered almost an epidemic of STDs in the 70s but the figures had dropped until recently.

STD cases at city clinics had increased by 16,8 percent and "were the tip of the iceberg", as most patients went to their private doctors.

He said that while the number of syphilis cases had decreased by eight percent, gonorrhoea and other inflammations of the urethal tract had increased by 24,9 percent.

Herpes had increased by 21 percent.



Battle to beat Aids epidemic bedevilled by politics

ARGUS 3/12/85 92

Argus Foreign Service

LONDON. — The Republic of Rwanda, a former Belgian protectorate, is Africa's most densely populated country.

And in its two large towns lurks the country's second distinction — the Aids virus.

It is present in such force that the International Red Cross recently discovered that one blood donor in five, men and women alike, was infected.

The number of Rwandans dead and dying from Aids — acquired immunity deficiency syndrome — is not known.

Fifty children have been seen at the hospital in the capital of Kigali this year. One Rwandan doctor refers to children in Kigali, already severely malnourished, as "a threatened species".

A visit to the only hospital in Kigali recently showed that one patient in six in both men's and women's wards was a suspected Aids case.

The casebook of Dr Dominic Rouvoy, a Belgian internist who has worked in Kigali for 18 months, covers just over 300 cases that he has seen since last year.

Just under half are women. One is a medical assistant working in the hospital. A quarter of the 50 children seen have died already, infected in the mother's womb.

Medical opinion in Rwanda is split as to how the disease is transmitted. The Belgian doctors are forbidden to speculate for political reasons.

The European belief is that Aids is primarily a sexually transmitted disease whose spread is caused by a break-up of rural family units, rapid urbanisation and overcrowding, prostitution and poor hygiene in the shanty towns around Kigali and Butare.

Sterilised needles

The Rwandan goverment is reluctant to accept this analysis.

Dr Casimir Bizimungu, the director of the University Hospital in Butare, blames the medical profession. Badly sterilised needles pass the infection from person to person in inoculations and an infected person can transmit the virus into the national blood bank, he says.

Dr Bizimungu believes "the transmission of Aids through sexual relationships is rather rare".

This difference of opinion is critical because in the absence of consensus, no steps whatever are being taken to control the spread of the disease.

Already an estimated quarter of a million people are infected with the virus in a country with a population of just five million.

And of the 300 people known to have contracted the disease itself, just four have been told what they are suffering from. The rest have no motive to alter their pattern of sexual behaviour or even to protect their families.

This would not matter much if the Rwandan interpretation of the means of transmission were correct. But all the evidence suggests that the Aids virus is tramsmitted sexually, just as everywhere else.

Steps are being taken to treat blood donations and hospital sterilisation with greater care — but this will hardly help if the disease *is* sexually transmitted.

But at least Rwanda admits the virus is at large and encourages medical research. Other countries in Central Africa pretend the problem does not exist at all.

British researchers

Zambia prefers that the word Aids is not used by British medical researchers there.

Zaire has permitted a joint Belgian-American research team to work in a hospital in Kinshasa, but has forbidden them to speak about or publish any findings, even though they are said to have established that one adult in 10 in Kinshasa is infected.

Unless the existence of the disease is admitted, no measures can be conceived to limit its spread.

And spread it will. The unluckiest country lying in its path is Kenya, where enormous strides have been made in the eradication of diseases endemic in neighbouring countries and where a booming tourist trade could vanish almost overnight should Nairobi acquire a bad reputation.

Inquiries with the Kenyan government health service produced evasive replies. Kenya has no facilities for doing the blood tests that confirm whether a patient has the virus and so there are no confirmed cases.

As a result, the disease cannot be said to have arrived.

But a survey carried out by a joint Belgian-Kenyan team on Nairobi prositutes showed 64 percent had come into contact with the Aids virus. This survey has not been published.

European doctors working in Central Africa are well aware of the sensitiviity of the governments that are their hosts, and in some cases their employers.

But they see only a rolling tide of infection unless some public effort is made to inform Africans about the nature of the disease and the kind of safer sex that Western high-risk groups such as homosexuals are now practising.

AIDS carrier 'turned away from clinics'

DURBAN. — Two Durban clinics have denied a private dentist permission to use their facilities to treat a patient who is an AIDS carrier, medical sources say.

The sources said the unidentified man, who discovered "quite by chance" when donating blood that he was an AIDS carrier, needed urgent dental surgery.

Some overseas dentists have refused to treat AIDS victims or carriers.

Both medical centres in the city refused to allow the man to be operated on in their theatres after learning of his case history, the sources said.

Yesterday Mr R Hart, business manager of both clinics, said the incident was "news" to him.

"This is the first I have heard of it. If there was such a case at either clinic, I was not consulted. I will have to investigate further," he said.

Addington Hospital officials have said they would accept the case.

"If he wants to come to Addington we could not turn him away. We would have to accept the case," said Dr Ralph McCarter, the hospital's deputy medical superintendent.

Meanwhile, the Natal Blood Transfusion Service will soon be able to tell donors whether they have been in contact with the AIDS virus.

The medical director, Professor Peter Brain, said the service hoped to acquire, within a matter of weeks, equipment which would greatly improve the chances of detecting the virus. — Sapa

AIDS moving fast in Africa, doctors warn

STAR 6/5/86 92

The Star Bureau

LONDON — The deadly disease AIDS is reported to have taken a grip on much of Central and East Africa and is spreading rapidly through heterosexual communities there.

Doctors and scientists have warned that urgent preventive measures must be taken to forestall a similar spread in Europe and America.

Doctors are particularly alarmed about the extent of the African epidemic.

Previously it was thought that AIDS (Acquired Immune Deficiency Syndrome) was an old African disease and had survived unnoticed in isolated pockets there.

But at an international conference in Cairo on infectious diseases, scientists reported that it is now spreading as quickly among African heterosexuals as it was among European and American homosexuals and drug users.

Cases of the disease, which destroys the power to fight various cancers and pneumonias, are doubling every seven or eight months. It is already a major public health problem in several areas.

"AIDS may be an old African disease, but this is certainly a new epidemic," said one scientist.

Already nine countries are seriously affected and, in some, infections have reached very high levels.

In the cities of Zaire one in 10 people is thought to be carrying the virus. In the capital, Kinshasa, almost 2 000 cases have been confirmed.

CARRIERS

In one study in Uganda 20 percent of those sampled were carriers. Men and women are affected equally, and about one in 10 is likely to develop the disease.

A special World Health Organisation conference on the African AIDS is to be held in October, though scientists face difficulties in collecting accurate information.

The countries affected — Zaire, Rwanda, Burundi, Uganda, Congo, Kenya, Zambia and Tanzania — will release little information because they fear their tourist industries could be badly affected.

No new AIDS case for 3 months

STAR 6/5/85 (92)

Medical Reporter

There had not been a single reported case of AIDS in South Africa in the past three months, said Dr Reuben Sher of the Immunology Department of the South African Institute of Medical Research in Johannesburg yesterday.

Addressing a lunch club at the Department of Anatomy of Wits Medical School, he said the overall risk of health workers in contact with the AIDS virus contracting the disease was zero.

"No health worker has yet contracted AIDS," said Dr Sher.

He said 18 people had been treated for AIDS in South Africa, of whom 11 had died — a high fatality rate.

He said 15 of these patients were homosexual males and three heterosexuals — two from Zaire and one an Austrian who had visited Zaire.

Dr Sher said there was a veil of secrecy about AIDS in Zaire, where it was prevalent among heterosexuals.

There was no hope of a vaccine against AIDS infection before 1990, Dr Sher added.

"One of the difficulties is testing the vaccine on humans. Who would volunteer to test an AIDS vaccine?"

HEALTH & DISEASE- VD

1986

MARCH — DEC.

Variation of AIDS in City

Medical Reporter

LOCAL AIDS experts have identified a new variant of the deadly disease, believed to be the first of its type in South Africa.

Writing in the latest edition of the SA Medical Journal, Dr Frank Spracklen and Professor Walter Becker, head of Stellenbosch University/ Tygerberg Hospital's department of medical virology, said a case of what they call the Visna (the Icelandic word for wasting) variant of AIDS had been seen in Cape Town last year.

They described the case of a 33-year-old man admitted to a City hospital in October last year.

His death illustrated "that the AIDS virus can kill within 11 weeks by causing severe wasting without significant and persistent opportunistic infection, malignancy or profound diarrhoea".

The two doctors, both local representatives on the national AIDS Advisory Group, say doctors should be warned of this unusual manifestation of AIDS, in which the patient does not necessarily have the extremely-depressed immune system which is the norm for AIDS sufferers.

Meanwhile the number of AIDS cases in the country, including two highly-probable cases under investigation in Cape Town, has risen to at least 29, with 19 deaths.

AIDS 'widespread' in Uganda — official

KAMPALA. — A top official admitted for the first time yesterday that the killer disease AIDS is "widespread" in Uganda and announced emergency counter-measures.

Other sources said in some areas one person in 1 000 already has AIDS and it is out of control.

In an interview with the government-owned New Vision newspaper, the Minister of Health, Dr Ruhakanga Rugunda admitted Uganda was faced with a serious outbreak and said it was seeking international help and advice.

"It is widespread," Dr Rugunda said, making the first official acknowledgement the nation has a major problem.

Dr Rugunda announced a package of emergency measures to fight the outbreak, rumoured by independent doctors for months.

Without specifying the sum, the minister said money had been allocated for a big counter campaign.

The campaign would include the purchase of mass screening machinery, better data collection and reporting systems and education on how to avoid catching the disease, which destroys the body's immunity system and is terminal.

A special emergency "disease surveillance committee" was set up to monitor the outbreak and the committee would be contacting the WHO and the Centre for Disease Control in the United States.

New Vision warned of "the high prevalence of the deadly AIDS disease in several parts of the country" but printed Dr Ruganda's warning against exaggeration of the situation.

Dr Ruganda appeared to be referring to near AIDS hysteria in the reportedly worst affected area of the country — Rakia district, 200km southwest of the Ugandan capital.

500 dead

Dr Mohammed Bajwa, a Pakistani missionary doctor operating a clinic in the area said around one person in 1 000 locally had AIDS and around four new patients turned up for treatment weekly. He said 500 people had died of the disease in the area in the last 12 months.

He said that figure was a minimum because of the lack of a death registration system and there was no official AIDS control. — UPI

Star Times 5/18/86 (92)

35 proved SA AIDS cases

By CHRIS ERASMUS
Medical Reporter

AIDS continues to claim more South African victims all the time, with 11 new cases so far this year bringing the total of proved cases to 35.

This was confirmed yesterday by Dr Frank Spracklen, a member of the national AIDS Advisory Group.

"There's a continuing growth in the number of South African cases in line with other countries. In fact we are following exactly the same pattern here as England and America, where they have had more than 20 000 cases.

"There is, however, a time lag between what we see here and what has happened overseas — we are still a long way from reaching a plateau in the number of new cases as appears to be happening in the US.

"But there is almost certainly a big pool of AIDS-virus infected people out there, some of whom we expect to see within the next year or two when they start to develop symptoms," said Dr Spracklen.

"AIDS has not gone away; it's holding its own and we can predict more cases by the end of 1986 than we had last year — already in the first six months of the year we have had just one case fewer than the 12 recorded cases last year.

"I would say that the accent is still on prevention of more infections through education, reduction in promiscuity among all people — particularly the high-risk groups such as male homosexuals — and a general alteration of life-styles of all high-risk individuals."

The growth in the number of South African AIDS cases was "exponential", although the numbers involved were still small. In 1982, when the first South African case was recorded, there were three cases in total, with only one in 1983, eight in 1984, 12 in 1985 and 11 to date in 1986.

Of the 35 proved AIDS patients, 12 are still living. Dr Spracklen said he was following about 45 cases of AIDS-Related Complex (ARC), a milder, usually non-fatal form of the illness.

In all, he estimated that there were about 10 times the number of ARCs as AIDS cases, placing the figure for South Africa at about 350.

If trends here closely followed those in the US, then the total number of people infected with the AIDS-virus would be about 100 times the number of proved AIDS cases, or about 3 500.

"In Cape Town we have had seven AIDS patients, four of whom have died. Of the four homosexuals we have seen, three are dead, and of the three bisexuals we have seen, one is dead.

"In Johannesburg, there have been 18 cases: 14 homosexuals, of whom 12 have died, and two bisexuals, one of whom has died.

"Pretoria has had four cases, including three homosexuals and a blood transfusion case, all of whom are dead, and in Durban both bisexual cases they have had are still alive.

"There have also been four cases from neighbouring states which have been diagnosed in South Africa," he said.

AIDS found in 97 miners

JOHANNESBURG. — The Minister of National Health and Population Development, Dr Willie van Niekerk, yesterday said 97 mineworkers had been identified as AIDS victims.

In a statement released here yesterday, he said an investigation had been carried out among 26 528 mineworkers from South Africa and elsewhere for AIDS. Ninety-seven foreign workers had "positive blood-tests".

He added that his department and the departments of Foreign Affairs and Mineral and Energy Affairs together with the Chamber of Mines were giving urgent attention to "suitable steps to repatriate the identified workers".

Workers from foreign countries entering the country would be subjected to necessary tests for AIDS.

The AIDS problem was still present "only on a very low level" in the Republic, he said. — Sapa

TELEVISION

Brutal, frank, look at Aids in SA



Peter Goosen on last night's viewing

ONE programme, *Network*, has deservedly gained a reputation for largely unbiased, truthful and straight-forward reporting on the issues of the day. It has tended from its inception to tell it like it is.

It certainly enhanced this reputation last night with a brutally frank look at the vexing question of Aids in this country.

It painted a truthful picture of the present situation and a grim picture it is in the light of the discovery of more than 100 Aids carriers among mine workers.

It was given tremendous dramatic impetus by the interview with a man of 22 who has the disease and told of his fears, his anger, his attitude towards others and his thoughts on his ultimate death.

Even more dramatic was the glimpse given by Dr Frank Spracklen, of Cape Town, of an Aids patient in the last throes of dementia caused by the virus attacking brain cells.

Tonight's Tip: *WKRP in Cincinatti* at 5.15.

The experts were all clear on one thing, Aids is not a disease exclusive to homosexuals.

BROUGHT into this country from African states it is a growing menace, and although it was first isolated only five years ago, it could become the world's major killer in a relatively short time — four million people in the United States alone could die from the disease.

Let's hope that some of the flaws which showed up on TV last night were not examples of how the disease will be treated in this country.

While all those involved in last night's debate — including the deputy Director General of Health, Dr George Watermeyer — declined out of courtesy to name the African state where the large majority of mine workers carrying the disease come from, the Minister of Health trotted it out on the 5.45 news.

AND it was obvious that Dr Watermeyer was somewhat unhappy about the Chamber of Mines courageous decision not to repatriate the mine workers carrying the disease but rather to watch them and educate them about the dangers of the disease.

Argus 29/8/86 NATIONAL 92

Tussle over Aids-carrying mineworkers

The Argus Correspondent

JOHANNESBURG. — The Chamber of Mines and the Government are at loggerheads over what to do about 130 mine employees known to be infected by the Aids virus.

The Minister of Health, Dr Willie van Niekerk, said yesterday that his department, the departments of Foreign Affairs and Mineral and Energy Affairs and the chamber were giving urgent attention to "suitable steps to repatriate the workers".

However, chamber spokesmen said at a press conference yesterday they believed no carrier of the virus now in South Africa should be repatriated until he was clinically unfit for service.

No ulterior motive

Mr Johann Liebenberg, industrial relations adviser to the chamber, said in response to a question that he did not believe there was an ulterior motive — to reduce the number of foreigners employed in South Africa — behind the Government's desire to repatriate foreign Aids carriers.

So far none of the 130 carriers identified in the biggest survey of the virus in Africa, have Aids, and the chamber has emphasised there is no "scare".

The chamber feels it would be inhumane to victimise the carriers or to ostracise foreign workers from Malawi, of whom about 20 000 are employed on the mines. The survey showed the Aids virus to be most prominent among Malawians.

High-risk area

Central Africa has been known for several years as a high-risk area for Aids.

The chamber spelled out a policy of mass education and counselling for Aids carriers and other mine employees.

And it seems the chamber has most mining unions on its side in taking this sympathetic stand.

All the black and white unions in the industry have been consulted and briefed on the results of the survey and future policies.

Very low level

● The survey showed the Aids virus was no more prominent among white miners than blacks.

It showed the prevalence of Aids, or human immunodeficiency virus (HIV), in the industry was the same as in other international low-risk areas or among the non-mining community — 1 in 3 500.

It was pointed out that the Aids problem was still present "on a very low level" in South Africa.

Cape Times 6/9/86

Govt, Chamber meet over Aids on mines

By ANTHONY JOHNSON
Political Correspondent

THE government will meet with the Chamber of Mines soon to discuss repatriation of hundreds of foreign mineworkers who have contracted Aids.

The decision follows the meeting this week of the Advisory Group on Aids who were asked by the Minister of Health, Dr Willie van Niekerk, to "consider the possibility that infected mine-workers might spread the infection to other people in the vicinity of the hostels in which they live".

Dr Van Niekerk said at a press conference yesterday that a decision would have to be made soon on the estimated 700 Malawian mineworkers who had Aids in South Africa since medical experts had established that they presented a "clear danger".

"We have already contacted the Malawian Government offering assistance but we know that these people constitute a danger and they cannot remain couped up in the hostels as they will move into the community and create an even greater problem," he said.

"The public is worried because there is no treatment and a high mortality rate associated with Aids," he added.

Dr Van Niekerk said that after a "full discussion" the Advisory Group on Aids:

- Resolved that the infected mineworkers were a danger "through sexual contact" to the population surrounding the hostels in which they were housed.
- Recommended the medical examination of contract labour should include a test for the presence of this infection "to control entry".
- Expressed reservations about the "feasibility of and medical ethics involved in the immediate removal of those infected mineworkers identified in the survey, as well as the impact of such a step on the rate of spread of the infection".

New drug is first glimmer of hope for Aids victims

Argus 24/10/86 92

The Argus Foreign Service

NEW YORK. — Hotlines set up to help victims of the deadly disease Aids have been flooded with calls since a new drug which may help victims was announced.

The drug is the first glimmer of hope since Aids surfaced in 1981. It will not cure the disease, but relieves the symptoms and sometimes gives victims a few more months to live.

However, that small relief has raised hopes beyond the capabilities or supplies of the drug, known as AZT. After the drug was announced there were more than 100 calls an hour to one Aids hotline alone, as people asked to be put on the "patient list".

Government health officials said it will only be given to Aids patients who have experienced a bout of Aids-related pneumonia.

But thousands others want it as well, including people who have no symptoms of the disease, but believe it may be a preventive measure.

SERIOUS SYMPTOMS

Those who will get the drug have serious Aids symptoms. The list is about 6 000-long and includes children.

It will not be available at first to those with the Aids-related disease known as Arc. Ironically, Arc victims are not sick enough to be given the drug.

There are another estimated 1,5 million people in the US who have been infected with the Aids virus but show no symptoms yet.

The drug will have to be taken for life. It has serious side effects for some people, and does not guarantee to save lives. For some victims it is no help at all. But it is the first drug that offers any relief. Other anti-Aids drugs are being tested and research is continuing.

CAR Times 24/10/86

92

Aids victims 'vegetables'

Own Correspondent

LONDON. — A new form of Aids, which would turn victims into "human vegetables", could hit Britain in the next 10 years, Dr Jonathan Weber, an expert on the disease, told a Manchester conference.

He said that instead of attacking the bloodstream, the disease could go straight to the brain, causing pre-senile dimentia in young people and "a catastrophe for society".

Victims would suffer a total loss of memory, undergo a personality change and become doubly incontinent. "They would ultimately become vegetables."

Dr Weber, who works on cancer research for the Wellcome Trust and made a four-year study on Aids at St Mary's Hospital, Paddington, told the conference: "It is something which we view with horror for the future."

He said Aids could infect the brain before it caused problems in the bloodstream, as is now the case.

"The spectre is raised in the future — maybe 10 years from now — that we may see patients affected with the virus whose immune system is fine, but who are suffering from pre-senile dimentia. It is a depressing phenomenon which we cannot treat.

"Pre-senile dimentia would be so dreadful for the patient, especially when you think most would be under 30."

How could you cope with 20 000 people suffering from pre-senile dimentia?

He added: "You have to remember that Aids is here to stay. It is never going to kill us all, as the bulk of the population will never get it because they do not have that sort of lifestyle. But it is a problem which will not go away."

92 CHRISTMAS 27/10/86

Foster parents queue to take AIDS babies

Own Correspondent

LONDON — Would-be foster parents are queuing up to look after tragic AIDS babies, who may be regarded as social pariahs for the rest of their lives.

Already, 29 such children have been born in Scotland and three have been found foster homes because their parents — drug addicts — were unable to look after them properly. Another 12 sets of parents are ready to take more, if they are needed.

The foster parents will never be able to change the nappies or bandage the cuts of the AIDS babies without wearing gloves and aprons to protect them against body fluids, which may transmit the disease.

Many fear that the church will be deeply split.

night.

even more difficult because it occasions — all unst

Britain on 'brink of AIDS catastrophe'

GHS Times 27/10/86

92

Own Correspondent

LONDON. — The killer sex virus AIDS has infected heterosexuals and Britain is on the very brink of a catastrophe, doctors warned last night.

The peak-hour main item on Independent Television News said it was already confirmed that 30 000 Britons were carrying the AIDs virus.

Doctors said that unless the most urgent steps were taken the scale of infection already raging in the United States, where one million people are infected, would be Britain's problem tomorrow.

A crisis like that in Central and East Africa, where many millions were infected, could also become a reality in Britain, they said.

The programme warned that promiscuous sex among heterosexuals now held immense dangers.

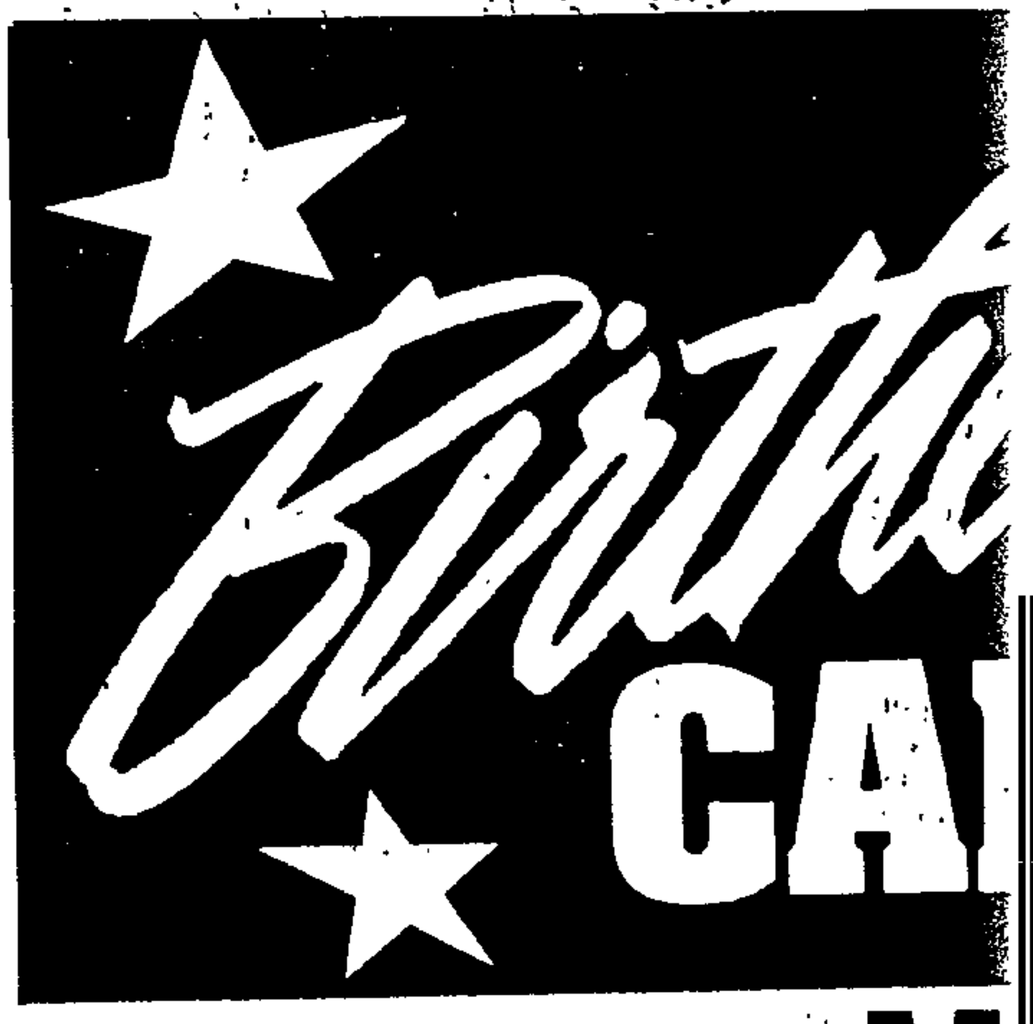
The programme included a heart-rending interview with a young wife infected by her husband after he had an affair.

When she found out she was infected the wife was already pregnant.

Doctors had told her there was a 50 percent chance her unborn child would carry the virus and she stood an 80 percent chance of developing the full fatal disease if she went through her pregnancy.

The programme follows warnings by many doctors that the government had failed to bring home to the public the terrifying and imminent danger of an AIDS plague in Britain.

The government has already reacted to the growing fears by appointing an AIDS minister and agreeing to send leaflets with infromation and warning material to every home.



The

Mews 28/10/86 (92)

Aids likely to double in 12 months

Staff Reporter

THE number of Aids cases in South Africa was expected to double in 12 months, said Dr Frank Spracklen, a member of the Aids Avisory Group in Cape Town.

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

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

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

Homosexuals, bisexuals

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

"All South Africans who contract the virus are homosexuals or bisexuals.

"As soon as women contract the disease, it spreads faster. They pass it on to 'straight' men and babies in the womb," Dr Spracklen added.

Dr Spracklen said that though the disease was not spreading rapidly throughout South Africa, there was no room for complacency.

He said scientists throughout the country were engaged in research into the virus, with the basic accent on determining the clinical pattern that the disease is taking.

"Too promiscuous"

"We have the advantage, though, of learning from the experiences of scientists in other countries," Dr Spracklen said.

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

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

● The number of Aids victims worldwide has grown to 32 590, according to the World Health Organisation — an increase of more than 12 000 since last January and experts predict that the disease could reach epidemic proportions, claiming millions of lives before the end of the century.

● Doctors in Britain warned that the Aids virus had infected heterosexuals and said that the country was on the brink of a catastrophe.

In a peak-hour main item on Independent Television news on Sunday it was confirmed that 30 000 Britons were carrying the virus.

Doctors said that unless urgent steps were taken the scale of infection raging in the United States — where a million people are infected — would be Britain's problem tommorrow.

'Screen all for Aids'

w/eargus 1/11/88 92

LONDON. — Aids is now increasing at a faster rate in heterosexuals than homosexuals in America, a leading British scientist has warned.

The only way to stop the spread of the disease is to introduce nationwide screening of the entire populations of affected countries, including Britain, says Cambridge-educated biologist Dr Anthony Robertson, president of the Research, Testing and Development (RTD) Corporation in Georgia.

All other efforts to stem the progress of the disease, including advice on "safe sex," have failed, Dr Robertson has said in a newspaper interview.

"It is obvious that at some point we will be forced to introduce Aids screening and to impose travel and other restrictions."

There are now 27 000 confirmed victims of the disease in the US, and an estimated three to four million people infected with the virus.

He said the rapid rise in heterosexual cases may be because there is simply a greater proportion of risky partners for heterosexuals than there were at first for homosexuals; or it may be because transmission heterosexually is even easier than homosexually.

Witch doctors enlisted against AIDS fight

JOHANNESBURG. — Witch doctors, who treat about 80 percent of South Africa's black population before they see trained physicians, are being enlisted in the war against AIDS, a Durban doctor said yesterday.

Dr Ruben Sher, of the South African Institute of Medical Research, said about 200 witch doctors would attend a seminar later this week to learn about AIDS prevention.

There have been 43 confirmed cases of AIDS in South Africa, and only one was black, according to the head of Natal's blood transfusion centre, Mr Peter Brain.

"Only eight of the men have been heterosexual and have contracted the disease from countries north of South Africa and Haiti," he said.

Dr Sher said he would instruct the witch doctors, known as sangomas, to urge less promiscuity and to encourage the use of condoms to counter AIDS.

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

Other moves to prevent AIDS from spreading in South Africa already included the testing of prostitutes and blood donors, Dr Sher added.

□ Fourteen cases of AIDS have been diagnosed in South Africans so far this year and five patients have died, according to the Department of National Health's Advisory Group on AIDS.

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

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

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

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

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

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

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

A modern plague



'This virus is evil. It shows no mercy. It attacks the young and the innocent.

I don't know what we are to do.'

Today The Argus begins a two-part series on how Aids is threatening millions of people in Africa.
See Page 13.

SA Aids victim kills himself

The Argus Correspondent

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

Although experts emphasise that there is no cause for alarm over the disease which is sweeping parts of Africa and America, they say there are many carriers here.

At least two patients under treatment are regarded as "pre-Aids" and likely to develop into full cases.

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

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

The deputy medical superin-

UK Govt acts to stop Aids 'plague'

The Argus Foreign Service

LONDON. — The British Government is ready to launch a crisis programme to stop Aids becoming "the greatest plague since the Black Death".

Senior scientists have warned the Cabinet that the spread of the killer disease is rapidly getting out of control.

And with Health Minister Tony Newton last night warning that cases in the UK were doubling every 10 months, a crash programme is due for approval by the Caninet next week.

This could mean that plans for a nationwide leafleting campaign will be dropped in favour of hard-hitting television advertising.

There may also be a huge increase in spending on research.

The advertising campaign will warn, particularly, against promiscuity.

A high-powered committee of senior cabinet ministers has been set up under Deputy Prime Minister Lord Whitelaw to lead the fight. They meet for the first time next week once government scientists and officials have prepared the crash programme.

AFRICA'S NEW AGONY

Africa, the cradle of civilization, may also be the birthplace of a disease that could destroy it. Aids has laid claim to tens of thousands of African men, women and children and millions more are in danger. In this two-part article, THOMSON PRENTICE of the London Times reports from central Africa on a desperate struggle against the new plague.

Argus 4/11/86 (92)

Aids — Africa's new scourge

PART 1:

THE patients are gently lifted down from the back of open trucks that have brought them kilometres along dusty, potholed roads. Other people come, propped up by relatives, in battered taxis. Some, who have longer to live, manage to walk.

They are young men and women suddenly made old. Some are babies who will never reach childhood. They arrive at the crumbling steps of Prince Louis Rwagasore clinic, a hospital named after an assassinated former ruler, to be taken along shadowy, humid corridors of flaking green.

Haggard mothers with sickly children clinging to their backs pass silent, brooding hours waiting for medical attention. But when their turn comes, there is little the doctors and nurses can give any of them but kindness.

The doctors at the clinic in Bujumbura, capital of the central African state of Burundi, call the disease by its French acronyn, Sida. The emaciated sufferers refer to it as "Slim", a reference to its wasting effect. The rest of the world knows it as Aids.

A catastrophic epidemic of Aids is sweeping across Africa, scarring the face of the continent and killing thousands. The horrific picture, only now beginning to emerge, offers harsh truth and inescapable lessons for the rest of the world.

The disease has already infected several millions of Africans from the Atlantic coast to the Indian Ocean, posing colossal public health problems to more than 20 countries. Within the next few years, hundreds of thousands are doomed to die and the inevitable spread of the epidemic out of Africa will add to the fast-increasing worldwide toll.



Fighting off a killer called Slim ... For neither young nor old is there much hope.

THE latest calculations show that Aids has struck in 69 countries around the globe. All the cases in the United States and Europe — about 25 000 — amount to less than half the estimated total in Africa. The numbers are expected to at least double every year unless radical prevention and control projects can be successfully introduced.

For every person who shows clinical symptoms, up to 100 others may be infected, according to American scientists. Vast populations of Africa face a human disaster that may soon overshadow the recent tragedies of famine and drought which have only just been controlled, at enormous cost, through international emergency efforts.

Researchers are calling for a similar response to combat the Aids epidemic. But whereas the starving can be fed, their lives saved through drugs and expert treatment, Aids offers no such hope as yet.

In the US, where possibly 1,5-million are believed to be carrying the virus, 23 000 cases have been diagnosed. By the end of 1986 about 18 000 will have died. In five years, experts predict there will be upwards of 150 000 deaths from some 270 000 cases.

In Britain, where specialists calculate there are about 30 000 carriers of the virus, the figures seem comparatively puny. By last month there were just 512 victims, of whom 250 had died. But American and British evidence shows that the figures are likely to double every 10 months.

The scale of the African crisis, however, stuns the imagination. With no effective treatment available anywhere in the world, and no prospect of a vaccine for many years, most of the continent's poorest nations, such as Zaire, Rwanda and Burundi, are virtually powerless to stop the spread of the disease.

In Kinshasa, capital of Zaire and with a population of more than three million, as many as 50 000 people are believed to be carrying the Aids virus. The authorities are extremely reluctant to publish figures. They have acknowledged 1 000 cases of Aids in Kinshasa, but many thousands more are believed to be dying from the disease.

In Uganda, one estimate puts the number of people at risk at four million. At least 500 are known to have died in the Rakai area, west of Lake Victoria. Hundreds more have perished in neighbouring Tanzania and there are similar tolls in Zambia and Kenya.

INDIVIDUAL governments are reluctant to acknowledge the real scale of their Aids epidemics. In some countries, the authorities simply do not have the resources or expertise to make accurate assessments. Most central African states have fragile economies that cannot sustain adequate public health facilities, far less devote more money and manpower to a disease for which there is no known cure.

"If you had the choice of immunizing your country's children against measles, which kills hundreds of thousands of kids a year, or spending the money on Aids with no visible benefit, which investment would you make?" one American doctor working on a vaccination programme asked.

Hospitals are unable to cope with the flood of patients demanding attention for malaria, cholera, tuberculosis, polio and other serious conditions, far less the new, untreatable menace of Aids. Meagre health resources and chronic shortage of medical and scientific staff and equipment mean that the size of the problem cannot be monitired, let alone effectively tackled. The typical African Aids patient, if he or she ever gets as far as a hospital, is likely to be simply sent home to die.

The problem is made worse by the indiscriminate use of unsterilized equipment, the lack of screening of blood donations and, most of all, by ineffective or non-existent health education aimed at reducing sexual promiscuity. In Africa, Aids is essentially a heterosexually transmitted disease, as common among women as men. Homosexuality is rare, and dismissed as a significant contributory factor. The African evidence that the Human Immuno-deficiency Virus (HIV) can be passed to women in semen, and to men from vaginal secretions, is now accepted without question by most researchers.

Whether or not the disease originated in central Africa — as many researchers suspect — or was imported from the US and Europe — as Africans prefer to believe — international air travel means that Aids is being exported virtually every day to the capital cities of the world.

THE World Health Orgnization conservatively estimated that 50 000 Africans are now suffering from Aids, but leading specialists believe that the real figure is many times higher.

"Aids has become a major health threat to all Africans and prevention and control of infection ... must become an immediate public health priority for all African countries," the latest report, soon to be published in a leading American scientific journal, says.

The report warns that Africa's own resources are inadequate to deal with the epidemic. "Consequently, an international concerted effort will be necessary to prevent further dissemination of HIV infection.

"Unless the financial resources to support national Aids control programmes is made available, and unless information about Aids research — including vaccine development, anti-viral treatment and prevention programmes — are shared among scientists and public health officials of all countries, Aids will continue to spread throughout the world, exacting its toll on the health of mankind."

TOMORROW: Struggling to save the next generation.

Swaziland's Aids anxiety

The Argus Africa News Service in MBABANE

ANXIETY is growing in Swaziland about the incidence of Aids in the country.

The director of medical services under the Ministry of Health of Dr James Thuku confirmed last week that the disease had been diagnosed in a patient, whose sex and age were not disclosed, in the Manzini area.

The private practitioner who treated the patient later said that the patient was a carrier, but was not a terminal case. The doctor said that he knew of one other confirmed case of a carrier, once again not terminally ill.

However, over the weekend members of the Swaziland Medical and Dental Association met and discussed the Aids issue behind closed doors. Later they issued a statement saying that three experts on the disease from South Africa had been invited to come to Swaziland next week to advise on ways to check the spread of the disease.

After the meeting a member of the council said that in Swaziland's case promiscuity, with polygamous practices being a contributory factor, was the cause of the disease, rather than homosexuality, as is often the case in Western countries.

AIDS — AFRICA'S NEW AGONY

In this second article, THOMSON PRENTICE of the London Times assesses the problems facing Africa in its struggle to control Aids

Prevention v promiscuity

PART 2:

IN THE sunlight, a herd of goats grazes on the thin grass of the forecourt of the Foreami Clinic in Bujumbura, capital of the central African state of Burundi. Chickens peck along the open veranda of the clinic, where a handful of laboratory staff check blood samples every day for traces of "Slim" — the virus known to the West as Aids.

"Don't ask me how big the Aids problem is," a doctor says angrily. "Don't ask me if it's a disaster. All I know is that it is here, it exists and the only thing that matters is trying to prevent it spreading."

First recognised in nearby Uganda, "Slim" causes severe diarrhoea and drastic weight loss. It cannot be treated and kills within a year.

Unknown thousands of men and women in Burundi and many of their childrean are infected with the virus. Hundreds are dead or dying from the disease in a variety of forms and the problem facing this poor but beautiful country is how to control the epidemic before it becomes a disaster.

It may already be too late. "There is nothing we can do for them," says a doctor at the Prince Louis Rwagasore clinic. "We don't have the drugs or facilities to offer much beyond basic palliative treatment.

"Most people don't want to come to a hospital to die. Instinctively they go back to their families, to their villages. To them, Aids is nothing special. It's just one more disease to die from, like tuberculosis or malaria.

"What we are trying to do is save the next generation. Telling people that they could die from a sexually transmitted disease is unlikely to have much impact. They think it's just the church preaching morality to them.

"But if we can tell women that they may give birth to infected children who will die because of parental promiscuity, there may be a chance of changing their behaviour."



"To them, Aids is nothing special. It's just one more disease to die from, like tuberculosis or malaria."

Children are born with the virus, acquired in the womb of their infected mothers. Infants become infected through medical injections with syringes that are used time and time again without proper sterilisation.

BURUNDI is a former Belgian colony of about five million people, bounded by Lake Tanganyika and Zaire to the west, the mountains and tropical forests of Rwanda to the east and south. It is the very heart of central Africa and at the core of the Aids epidemic that stretches right across the continent.

Some scientists believe that the Aids virus originated somewhere among these majestic hills and lush valleys, mutated perhaps from the African green monkey, possibly carried unwittingly for generations among the Hutu peasant farmers or the rival Tutsis who now rule Burundi.

Over the past 20 years, as huge stretches of the land were exhausted by farming, many thousands of Burundians, among them those who may have been symptomlessly carrying the virus, drifted to the capital, Bujumbura, in search of work.

They gradually lost some of their rural village traditions and codes of conduct. Men who left their families behind were able to marry again — polygamy is a way of urban life — and form countless liaisons with women who became used to being discarded after they had borne a child or two.

Bujumbura began to sprout "music bars" where indulgent owners rented back rooms by the hour or the night. Girls, who learned that prostitution was as good a source of income as any in the overcrowded town, became regulars in search of clients.

THERE are big colonies of prostitutes in those two capitals and Kenyan and Zairean businessmen expected to find similar entertainment in Bujumbura. So too did the French, German, Belgian and occasional British travellers.

The chief medical officer of Burundi, Dr Cassien Ndikumana, believes that Aids was brought to Bujumbura by such businessmen or by immigrants from Rwanda and Zaire. Evidence of infection has been found among 60 percent of Nairobi prostitutes and in up to 88 percent of the "street girls" of Kinshasa. In neighbouring Rwanda, 43 percent of Aids patients studied were prostitutes. Figures in Burundi are not made public.

In Zaire, before they knew better, the citizens of Kinshasa used to make jokes about Aids. Their suspicion that the disease was an invention of the church aimed at curbing sexual freedom led to the joke that the French acronym for the illness, Sida, actually stood for *Syndrome Imaginaire pour Discourager les Amoureux.*

According to Kinshasa folklore even President Mobutu, Zaire's head of state, joined in the ribaldry. If Aids really was a sexually transmitted disease, he scoffed, why had one particular minister in his cabinet not caught it? The laughter stopped three years ago when one of the President's ministers did die of Aids, as did the man's wife and soon afterwards his mistress.

Today more than 200 000 of Kinshasa's two million population are believed to be carriers of the infection and in the next five years the city could have 50 000 people dying from the disease.

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Screen new workers for Aids — councillor



Picture: DOUG PITHEY, The Argus

HOW IT HAPPENED: Mrs Esme Petersen tells how she was robbed and her husband was abducted.

Tygerberg Bureau

A BELLVILLE city councillor wants the municipality to test prospective workers for Aids.

The municipality plans to screen job applicants medically when its new clinic opens next year and Mr A P de V Kempen told a council meeting recently that Aids tests should be included.

Approached for comment, Mr Kempen said he had become aware of the "vast health hazard of Aids" when he watched a television programme on the deadly disease.

"I felt that since we screen employees for TB we should also start testing for Aids.

"Aids is an even greater health threat and the extent of the problem is alarming."

He had asked that the test be included in the screening process because of the "frightening" proportions the disease had assumed.

"Worrying"

Bellville press liaison officer Mr Steve Gouws said the matter had been raised briefly by Mr Kempen during a council discussion but no decision had been taken.

"Obviously the disease is worrying."

Mr Gouws said Mr Kempen had mentioned Aids during a discussion on the new municipal clinic, which is still under construction.

"The idea was that the municipality would appoint a nurse once the clinic was ready next year to screen new employees for TB.

"However, the nurse will not be appointed until the new clinic opens sometime early in 1987."

Probe into assault on Elsies River businessman

Crime Reporter

POLICE have launched an intensive investigation into the abduction of a sickly Elsies River businessman, who was robbed of cash and jewellery worth more than R21 000 in a series of incidents this week.

Mr Hennie Petersen, 34, who was violently assaulted, said he was still in pain and had feared for his life. His captors told him they would "shoot him dead" if he did not give them money.

He was snatched from a house in Epping Forest on Tuesday night where he was watching television. Bound and blindfolded with masking tape, he was held for about six hours before being dumped from a moving vehicle on the Faure Road.

While he was being held, two of his abductors went to his Elsies River home.

Posing as policemen, they tried to get into the house, but his wife, Esme, refused to let the men in.

After she had taken refuge in a building on the premises used by tenants, the men returned, singled her out and threatened to kill her if she did not give them money.

This time they were wearing blue uniforms similar to those worn by police, though the uniforms did not have police badges.

The men took R4 700 in cash.

Later they stole jewellery worth about R17 000 from Mr Petersen.

"People know I have money. People know I wear expensive jewellery," Mr Petersen said today.

"That is why I was attacked. I want them caught."

3 000 families in Duncan Village face removal

Argus Bureau

EAST LONDON. — Three thousand families in Duncan Village township face removal — in spite of earlier assurances by the Government that there would be no more forced removals.

Mr Eddie Makeba, mayor of the town, said yesterday that residents of the area known as C Section would have to be moved so that the area could be upgraded.

The Cape MEC whose portfolio includes the development of black townships, Mr Koos Theron, gave the assurance that no one would be moved until appropriate sites could be made available to them.

Mr Theron said it was "not possible to house all the people in Duncan Village in the area available". Approaches had been made to the authorities to obtain more land.

A REPRIEVE

Duncan Village has for many years been under threat of removal. A Government plan provides for the entire population to be moved to Mdantsane in Ciskei, 20km away.

However, in August last year the Government announced a reprieve. Deputy Minister of Education and Co-operation, Mr Sam de Beer, said the entire township would be retained and upgraded.

The 99-year leasehold would apply and there would be no forced resettlement, Mr de Beer said.

MEDICINE

Argus 11/11/86

Deadly new Aids virus discovered

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SAN FRANCISCO. — A new Aids virus discovered in West Africa last year might be as deadly as the original strain and could pose an international health threat, a French researcher said.

At first the new virus was thought to cause only rare cases of Aids, but Dr Luc Montagnier told the annual meeting of the American Association of Blood Banks in San Francisco that it might be a major cause of Aids in West Africa and has spread to several Western European countries.

"We are just at the beginning of the spread of a new virus," Dr Montagnier, of the Pasteur Institute in Paris, was quoted in the Los Angeles Times as saying.

"It is unavoidable that at some time the strain, named LAV-II, will reach the United States," he said.

French scientists had isolated LAV-II in about 63 people, Dr Montagnier said.

But other researchers cautioned that his conclusions might be premature because studies were based on so few patients.

Exaggeration

Miss Phyllis Kanki, a scientist at Harvard University, said she would be more conservative.

It was too early to conclude that LAV-II infections were widespread in humans and Dr Montagnier's warning may be "a mild exaggeration".

The original Aids virus was isolated in 1984 by a French research team led by Dr Montagnier, who called it LAV-I, and by Dr Robert Gallo of the US National Cancer Institute, who called it HTLV-III.

Dr Montagnier said the new virus often went undetected by standard blood tests for Aids. Researchers were working to devise a new blood test.

Since the original virus was discovered two variants had been found, the LAV-II and HTLV-IV, which were isolated from the blood of healthy people in Senegal, West Africa, Dr Montagnier said.

LAV-II and HTLV-IV appear more similar to each other than to the original Aids virus, but the HTLV-IV infection has not been shown to make people sick.

Men and women

Dr Montagnier said LAV-II appeared to infect both men and women and apparently could be transmitted by heterosexual contact or through the blood.

It had not been detected in homosexual men or in intravenous drug-users. Like the original Aids, LAV-II appeared to attack the immune system.

Of those infected with LAV-II 11 had Aids and 10 had Aids-related illnesses, he said. Seven patients had since died. The remainder were not ill.

Dr Montagnier said the original Aids virus was the most common cause of the disease in Central Africa.

In West Africa, where there were fewer cases of the disease, LAV-II might be the major cause.

"This finding was really a surprise to us," he said. "I couldn't imagine two viruses causing the same disease." — Sapa-AP.

Warning on stomach balloon for obesity

LOS ANGELES. — The maker of a stomach balloon used to treat obesity is warning doctors to curtail its use after 80 people who used the device developed serious medical problems and one died.

Information posted last week by American Edwards Laboratories to 2 000 gastroenterologists trained to insert the device warns of more severe side effects than foreseen, the Los Angeles Times reported yesterday.

Called the Garren-Edwards Gastric Bubble, the device is inserted into the stomach through the mouth as a temporary measure to curtail the appetite and help patients lose large amounts of weight.

INTESTINAL BLOCKAGES

American Edwards instructed doctors to have patients notify them immediately if they had symptoms such as abdominal pain, vomiting or increased appetite.

The bubble has caused perforations and ulcers of the stomach and intestinal blockages, it said.

In the notice sent out to doctors, American Edwards recommended removal of the balloon after three months instead of four.

The company also suggested limiting its use to only the most severely overweight patients.

About 17 000 of the devices have been inserted nationwide, the company said. — AP.

Council trims the fat from medical accounts

The Argus Correspondent

PRETORIA. — Fat reduction surgery, which is not covered by medical aid, should be specified on accounts submitted by patients to medical aid societies, the executive committee of the South African Medical and Dental Council said yesterday.

The council also confirmed a decision last year to advise the Medical Association of South Africa that it had received complaints against doctors alleged to be involved in the submission of misleading accounts.

The doctors are said to have helped patients obtain medical aid cover for fat reduction operations by performing additional surgical procedures such as hernia repairs which were then indicated as the "main procedure" on accounts.

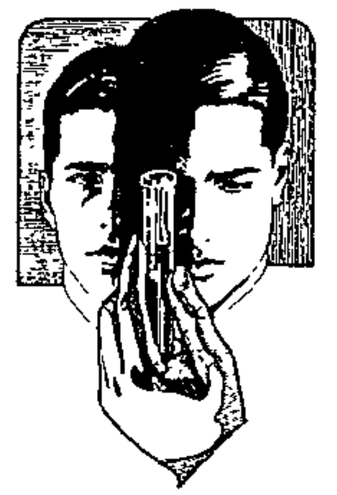
Fat reduction operations are not covered by medical aid as they are regarded as cosmetic surgery, whereas procedures such as hernia repairs are covered.

not be easy.

AIDS



Undoing 20 years of sexual permissiveness will not be easy



CONSIDER the following: The Aids epidemic is now a national crisis in Britain. Anthony Newton, Minister for Health, warned this week that, with the number of Aids cases doubling every 10 months, urgent action is required. The only way to stop the spread of the disease, he said, was for people to change their sexual behaviour.

D/E ARGUS 15/11/86

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A national television advertising campaign to get that message across will top the agenda at a meeting this week of the newly-formed Cabinet committee set up to deal with the Aids epidemic. The same message will be repeated by politicians, doctors and other health experts for the foresseable future.

But how effective will it be?

Our interviews with young men and women reveal an alarming ignorance about the risks of Aids. To them the infection is still an irrelevance, a "gay" disease or a bawdy joke. Since March about R6m has been spent on newspaper advertisements that have sought to increase awareness of the disease and its risks. They seem to have had little impact.

Much more will soon be spent, the messages will become more explicit, the warnings more emphatic. The



ker in the City. And he was not in the least concerned about Aids. Propping up the bar at the fashionable Soho Brasserie, gin and tonic in hand, he said he was not promiscuous, and presumed his girlfriend of three months' standing was not either.

Nick's relaxed if not complacent attitude seems to be typical of his age group. With only a few exceptions, the young heterosexuals we talked to seem startlingly unaware of their vulnerability. They were reluctant to practise safer sex or change their promiscuous life-styles.

While most young people know that the Aids virus can be sexually transmitted, many are convinced it is still a homosexual disease which poses no threat to their own lifestyle. Aids specialists, however, now agree that the disease can be passed through body fluids such as blood, semen and vaginal secretions. Women can pass it on as easily as men like most other sexually transmitted diseases.

Andrew, 23, an unemployed musician imbibing at the bar of the Criterion restaurant in Piccadilly, claimed that all he knew about Aids had been learnt from friends. He never read newspapers or watched televisio[illegible] now

PEOPLE in long-term relationships felt the problem did not concern them at the moment, and were reluctant to think how it would affect them once their affair had finished. Some, however, were very scared, conscious that they might easily be victims of the disease already, whether or not they led a promiscuous life.

Kay, 26, working for a film company, said she was so frightened about having Aids that she and the rest of her office were going to donate blood so that they could be tested for the virus. "I saw the programme on TV. We've [illegible] be talkin' about it. It's others were still going out on the gay scene, their lives revolving around boyfriends and sex.

The hostility towards condoms, despite the protection they offer against the disease, was wide-spread. Indeed, some people would prefer to give up sex altogether rather than use them.

IN a bar in Covent Garden, Clare, aged 22, a musician, said she would be very particular about whom she went to bed with but said: "I wouldn't ask a bloke to wear a condom. I think they're just revolting. I would rather have no sex at all than have to use condoms. They just put me off completely."

Like many people, Sonya was sceptical that two decades of permissive propaganda could be undone because of the Aids scare. "I for one wouldn't be prepared to sleep with someone who used a condom. It's not very nice. Maybe we'll just have to be re-educated."

For some people, the one-night stand is already a thing of the past. Ron, a 34-year-old London taxi driver, married with a son aged 16, has radically changed his sexual behaviour for fear of passing the disease onto his wife.

"I used to sleep around all the time, a different girl almost every night, lots of money in me pocket — you know. But I've had VD in the past so I know how easily these things can be picked up on those one-off occassions. A lot of my friends still regard Aids as a gay plague. They don't realise that the chances of them catching it are increasing all the time. I for one have no intention of playing the field any more."

Despite all the talk about the arrival of the new chastity, younger people were not prepared to accept the idea. Jackie, aged 25, a hairdresser who is married with a young daughter, was convinced that most people would carry on having extra-marital affairs.

"There's a lot of people who are married who can't stick to one partner. They have just got to have some one else, otherwise they think they're missing out on something."



Most people said that if they contracted Aids, the last thing they would do is infect anyone else. Brid, aged 26, an actress, was convinced that men would be more irresponsible than women when it came to passing on the disease. "If I had Aids, I would try to find a partner who had it as well. But most men probably wouldn't. When men get the urge, they've just got to go for it. But women are normally more in control of their emotions."

Though most young people were reluctant to change their sexual behaviour radically, many showed a morbid curiosity about Aids. Young people wanted more information about the disease, and how to prevent it spreading. What they had gleaned came mainly from television programmes. The government's recent newspaper campaign was dismissed as a "joke."

"There has been too much banding about of statistics and not enough straightforward, lucid explanation. The British public doesn't face up to things very quickly," said Nick.

Others echoed the views of Aids specialists that the Government had done too little, too late. "The government has been really negligent. Attitudes should have changed a long time ago. So many people are now infected and are going to go on and get the disease. I don't think that telling people to be monogomous is going to work," said Gary.



evidence that the disease in some cases can be passed through normal sexual intercourse has only just begun to challenge popular prejudices. The crisis has still to be taken seriously. Most people cling to the belief that Aids can't and won't happen to them.

Advice that essentially calls for a new code of chastity may thus be ignored or dismissed as a "killjoy" tactic among a population long used to carefree sex.

I SUPPOSE if you had a one-night stand, the girl may have slept with a haemophiliac, or a drug addict. But I don't think you would consciously worry about catching Aids. You might think about it afterwards, but I think if it crosses your mind at all, you judge the risk by the social status of the girl you're with.

That was Nick talking — a 25-year-old stockmarket broker. He is not alone in his attitude. Many people think Aids is a disease that only affects homosexuals, drug addicts and haemophiliacs. Others think it is transmitted by anal intercourse and through blood. So I wouldn't really be worried about having a heterosexual relationship."

Others conveniently excluded themselves from the vulnerable categories. "I don't consider myself in a high-risk group," said Graham, 21, a labourer on a building site. "Drug addicts and homosexuals, they're the only ones that get it. I haven't heard of any women passing it on to men."

John, 20, a hotel worker, was sceptical: "When a bloke and a woman are together, nothing passes from the woman to the man does it? So you can't get it from a woman."

Many young people have not even discussed Aids with their friends — or if they have, the subject is not taken seriously. At a popular bar in Soho, Marielle, 24, working in the travel trade said. "We usually joke about it. The subject does come up but friends say 'Oh . . . have you got Aids?', nudge, nudge. . ."

certainly made me more aware about how easy it is to catch it."

Sonya, 26, producer of a pop programme, predicted that Aids would destroy civilization. "It will always be at the back of your mind. There could be masses of people wandering around with the disease now. It's all very well telling them what to do, but it may be too late. A voluntary screening system should be set up so that anyone could have their blood tested. People could then carry cards to say whether they were positive or not. I would rather see a card before going to bed with someone," she said.

But most young people were not in favour of compulsory screening, which they viewed as a breach of civil liberty.

Not surprisingly, homosexuals were more aware of how Aids is contracted and how to prevent it spreading. Gary, a 27-year-old doctor, said many gay people had restrained their sexual activity but that

What AIDS is all about

The young people in our survey betrayed an alarming degree of ignorance about Aids. Dr Thomas Stuttaford puts them right.

Initially homeosexuals, drug addicts, haemophiliac patients, and prostitutes were the main sufferers from Aids, and an impression was given that other people should not be too concerned. That is nonsense.

The virus is spread by heterosexual as well as homosexual intercourse, by vaginal as well as anal sex, by the mouth as well as through other orifices. The virus is carried in blood, semen, vaginal and carvical secretions; it is also present in smaller amounts in tears and saliva, though probably not in a high enough quantity to be infectious.

Aids is not a single disease, but a collection of pathological conditions to which the body is prone after its defences against infections and malignant diseases have been destroyed by the HIV(HTLV3) virus. Perhaps in an attempt to alleviate alarm, the hazard posed to the community by the HIV virus has been played down.

All patients who have been infected with HIV, whatever their present state of health, are infectious. Aids can manifest itself in a variety of ways. The most common presenting complaint is pneumonia due to Pneumocystis carinii. The second most likely initial symptom is Kaposi's sarcoma. Cancer of the lymphatic system, intractable diarrhoea, weight loss, mental changes may all be the first signs or symptoms that Aids is developing.

Only a blood test will give complete confidence. And only by avoiding casual sex, or by using a condom, will we be safe, or relatively safe, from the virus.

5 Aids deaths in SA

2/12/88
Eve Post

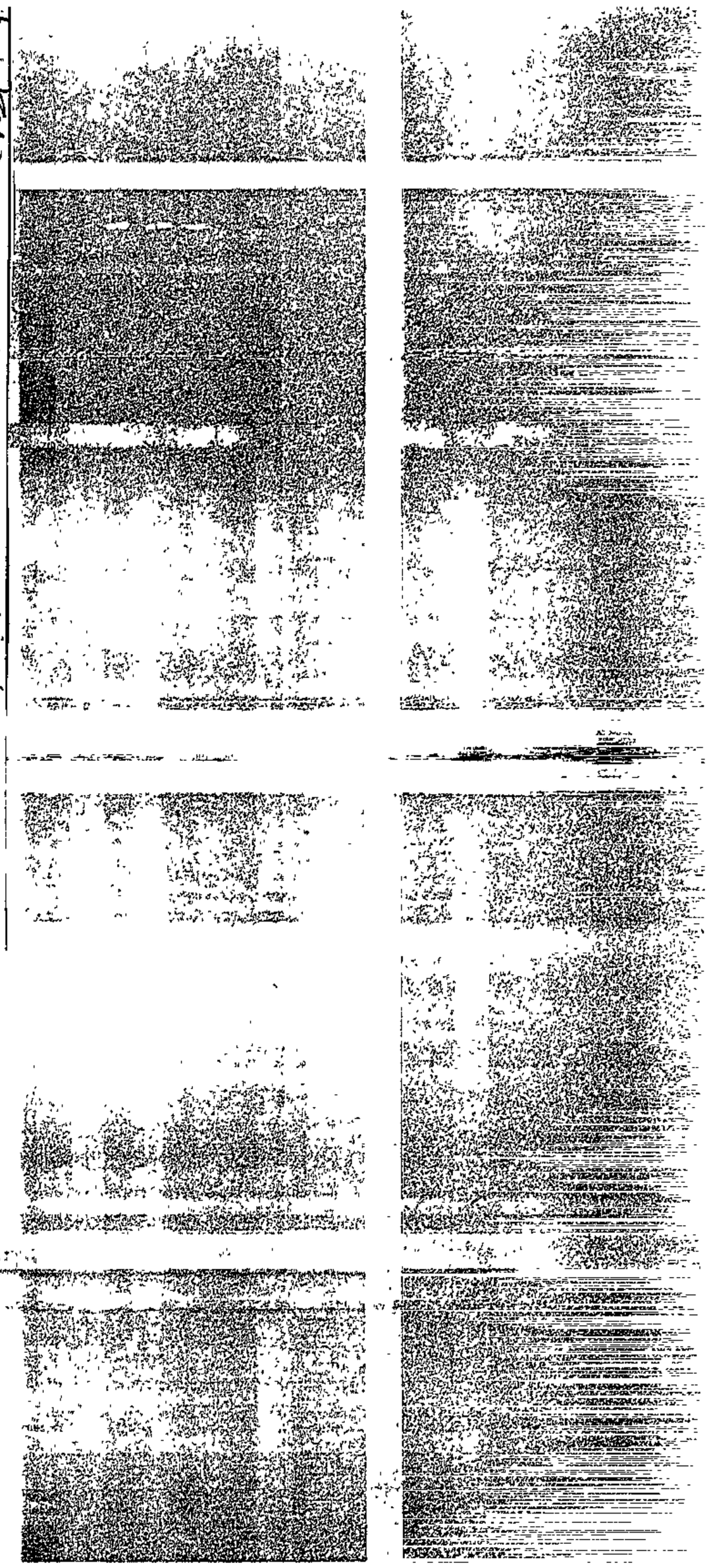
JOHANNESBURG — Fourteen cases of Aids have been diagnosed in South Africans so far this year and five patients have died, according to the Department of National Health's Advisory Group on Aids (acquired immune deficiency syndrome).

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

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

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

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



14 cases in South Africa this year, five deaths

Aids total up, but steady

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Drawn up plan

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

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

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

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

Seven Aids patients from neighbouring countries were referred here for diagnosis and treatment.

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

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

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

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

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

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

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

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

Sangomas to fight killer disease



WISER WITCHDOCTORS: Sangomas join the Aids battle.

The Argus Correspondent

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

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

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

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

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

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

It is vital to reach this sector of the population and educate them, as Aids is spreading alarmingly in countries such as Tanzania and Uganda. In Mocambique the breakdown of health services had made it difficult to track the extent of infection.

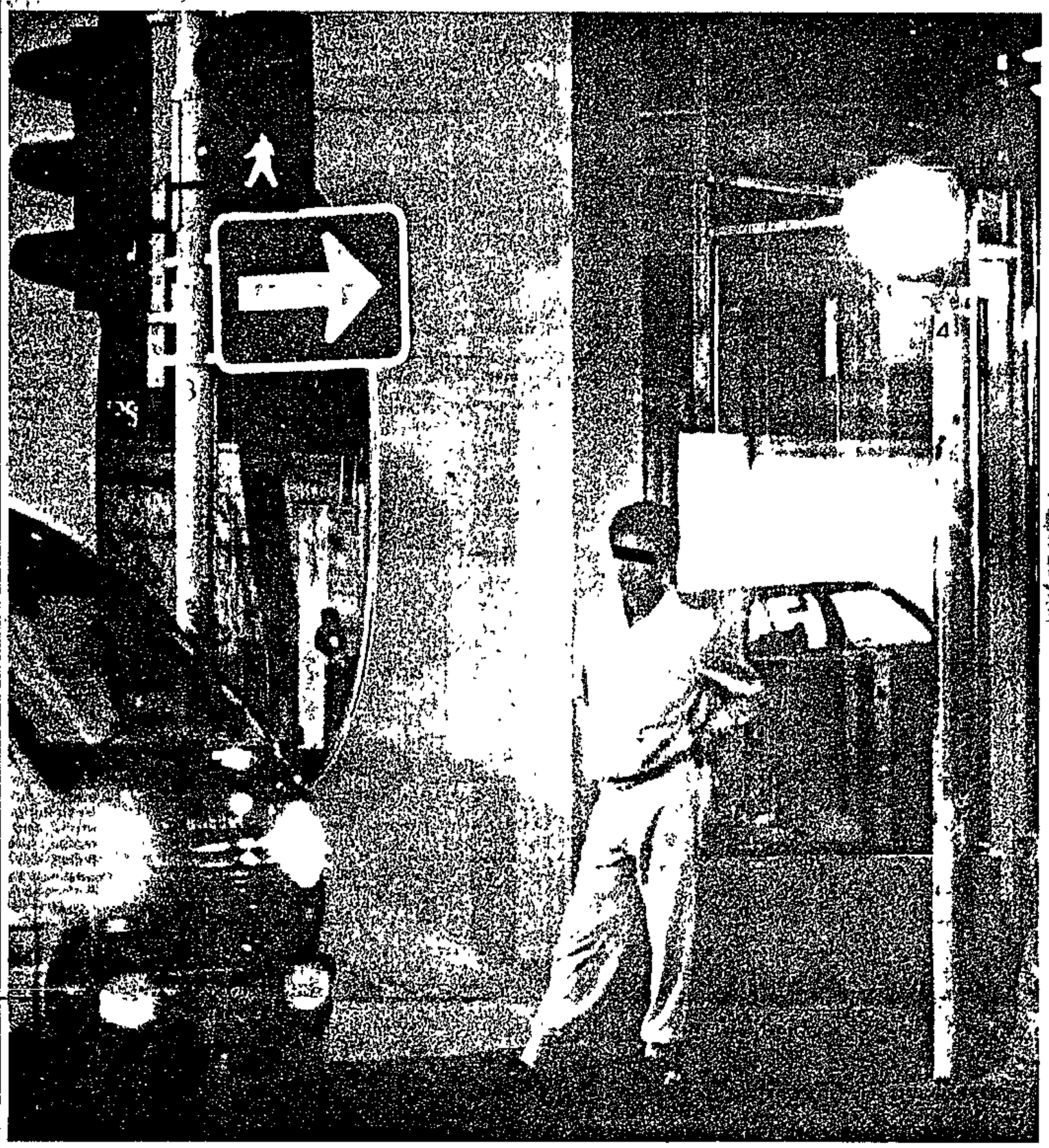
Dr Sher said he would speak to the sangomas on ways of preventing the spread of Aids, for example avoiding promiscuity and using condoms.

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

Professor Peter Brain, head of Natal's Blood Transfusion Centre, confirmed that of the 43 Aids cases, 29 of the men had been homosexual or bisexual. Only eight of the men were heterosexual and have contracted the disease from countries north of South Africa, and Haiti.

AIDS threat in City

CAPE TIMES 5/12/86



Sex for sale on Cape Town's streets ... Cape Town's Medical Officer of Health, Dr Reg Coogan, has warned holiday-makers that the city's prostitutes have the highest incidence of venereal diseases in the country

MOH warns city visitors

By ANDREW DONALDSON

ON THE eve of the festive season with thousands of holidaymakers streaming to the city, Cape Town's Medical Officer of Health, Dr Reg Coogan, last night warned visitors about the possibility of contracting AIDS and venereal diseases in the city.

Dr Coogan's warning accompanied the first AIDS death in Durban on Tuesday and a Cape Times investigation among the city's prostitutes this week that revealed, in some cases, either a staggering ignorance or a foolhardy, "devil may care" attitude about sexually transmitted diseases. Others, however, were taking precautions.

Prostitutes in Cape Town, Dr Coogan said, had a high incidence of venereal diseases.

5 men died

"In Cape Town, we have experienced the Western type of AIDS, namely that which is transmitted among homosexuals — particularly through more perverse sexual practices," he said.

"Five Cape Town men have died as a result of contracting the disease.

"My advice is to rather not practise promiscuity — especially with partners that are strangers. Rather continence — but if you must, then use condoms," Dr Coogan said.

Cape Town has taken the AIDS threat seriously — sales of condoms in the city have increased dramatically, distributors of mens' toiletries have confirmed.

And, as the investigation revealed, the city's prostitute community were either largely ignorant about sexually transmitted diseases or else they were well prepared against infection. The ignorance varied according to social background.

Greatest threat

AIDS could well stand for Africa Is Dying Slowly — the disease has reached pandemic proportions in the "AIDS belt" countries of Uganda, Tanzania, Rwanda, Zaire, Zambia and other African countries — with the situation there described as up to 50 times worse than in New York — and fears have been expressed about AIDS' spread southwards.

South Africa's greatest threat from the African strain of the virus — which is transmitted heterosexually — was posed by migrant workers, tourists from central African countries, refugees and illegal "border hoppers".

Cape Town, however, faced a greater threat from the Western — or European — strain of the disease because of its nature as a harbour city.

The most likely potential victims of the disease were prostitutes. Some — like transvestite "hustlers" — appeared to be knowledgeable about possible dangers, but had adopted a "devil may care" attitude and seemed to have thrown caution to the wind, interviews with a seasoned prostitute revealed.

To page 2

AIDS threat in City

CAPE TIMES 5/12/86



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To page 2

HAIRDRESSING TRADE (PRETORIA)

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Cape Times, Monday, December 8, 1986 7

AIDS 'from animals, mosquitoes and water'

Own Correspondent

JOHANNESBURG. — AIDS is not a sexual disease — it comes from animals, mosquitoes and drinking water.

So say some of South Africa's sangomas (medicine men) and inyangas (herbalists) who gathered — some of them in full traditional regalia — at the SA Institute for Medical Research in Johannesburg for a conference with doctors on AIDS.

The gathering was the result of a call by Western medicine for support from traditional healers.

While the view that AIDS is unrelated to sex is common among many of the country's sangomas, there is considerable divergance of opinion among traditional healers on the subject — as there is among conventional doctors.

Mr Samuel Jamile, head of the KwaZulu nyangas, said he had not seen anyone with the disease and was quite prepared to believe that AIDS was sexually transmitted.

Mr Lymon Msibi, president of the Traditional Healers Council, which represents 50 000 sangomas, also conceded that sex may have something to do with AIDS.

He believed the disease was mostly caused by "wizards who are not happy when they see progress" — a view similar to that held by US moralists who claim AIDS is divine retribution for sinful living.

Mr Msibi added that AIDS is just a new name for old diseases such as "ilumbo", and that the best way to cure it was to use "muti".

But no cure for AIDS, traditional or Western, seems to be on the horizon. And the influence of the sangomas and inyangas is so strong that as long as they believe that AIDS is not sexually transmitted, there will be little to stop the rapid spread of the disease throughout Africa.

Already in some parts of Africa, especially the central countries such as Zaire, Uganda and Rwanda, as many as 10 percent of the population carry the virus.

The aim of the conference, organised by Dr Ruben Sher, head of virology at the institute, was to persuade the sangomas with more traditional views to accept Western wisdom on AIDS.

After the meeting, with the sangomas filing out singing and shuffling, Dr Sher shrugged when asked how he felt his Western views had been accepted.

"If 10 percent accept what we have told them then this meeting was not in vain," he said. "But Africa grinds very slowly."

Africans angry at screening for Aids

HELSINKI. — African students in Finland who have been screened for Aids say they are upset over what they regard as official discrimination in singling them out as carriers of the virus.

In a letter published in the Press they said: "We Africans studying in Finland feel fearful and insecure because of increasing pressure and because of statements by the Finnish National Medical Board."

The media had made the situation worse by giving the public the same impression, they said.

Assistant professor Jukka Suni, of Helsinki's Aurora Hospital, said about 60 Africans had been screened for Aids since the beginning of 1985 and about 10 percent of them were found to have the virus.

Three had been returned home, including a woman whose Finnish husband had since died of Aids.

The board has said it may soon recommend Aids tests be made compulsory for people entering entering Finland to study.

Plans were still under review and it could not say what students or countries might be affected. A number of African countries, including Zambia, send students to Finland under development agreements.

Finland has recorded under a dozen deaths from Aids so far, but medical authorities say thousands of people in the country may be carrying the virus.

The board is waging an information campaign against Aids aimed particularly at young people. — Sapa-Reuter.

Health

HEALTH & Disease - V.D.

1987

JANUARY — JUNE

BRIAN DEER of the London Sunday Times visits San Francisco to see how the city copes with Aids

Argus 2/1/87 (9c)

San Francisco transformed by sadness and fear of Aids

BY the long French windows in the Village Deli Cafe, the thin, balding man in his early 30s is straining to take off his pullover. It is a slow and tortuous business, but then that is how Aids very often takes its course.

In the cafe, in San Francisco's Castro Street, there is little talk of Aids. Here, as in any other Castro restaurant, sufferers are a common sight and good taste encourages euphemism. Most people now speak of the "health problem", while many closest to the crisis prefer to say nothing about it at all, choosing for the present to concentrate on their lives.

As the man in the jumper settles down again, another weary diner, with a brown leather jacket, a walking stick and a plastic tube to his nose, picks his way feebly around the tables and finds a seat. He is clearly very sick and, like the man by the window, his gaunt features and sunken eyes are now the unforgettable face of what was once America's most beautiful town.

In a three-city trip across America, Norman Fowler, the British Social Services Secretary, will have an opportunity to see this face and glimpse what the future holds at home. Graphs showing the rise in Aids cases in Britain almost exactly match the earlier pattern of increase in America and doctors agree that soon our streets will also have their walking wounded.

"London can expect to go through all of San Francisco's experiences. Mr Fowler has chosen the right place to go," says Dr Charles Farthing, an Aids specialist at St Stephen's hospital in London. "Of all the cities with an Aids epidemic, San Francisco is the only one which has handled it well."

The statistics are staggering. From 1981, when there were just 84 cases of Aids diagnosed in the United States, the number has soared to almost 29 000, with nearly a quarter of them in California. No accurate figure can be given for the number who have come in contact with the virus, and hence are potentially at risk, but all agencies put this in millions.

With much of urban America, San Francisco has already witnessed Britain's recent debates. Should Aids patients be forcibly detained in hospitals? Is Aids a "gay plague" of no concern to anyone else? Should those affected by the virus be quarantined or banned from certain jobs? Can a police officer catch the virus by giving the kiss of life?

On every count, San Francisco has found that the answer to these questions is no. As knowledge of the disease and of the people who are at risk has grown, much of the hysteria which engulfed America in this mid-1980s has evaporated. In its place has developed a practical strategy, hammered out by the city authorities and the huge self-help network that has grown up.

"The thing that you can learn by coming to San Francisco is that this problem can only be tackled by giving people that information that will let them make their own decisions," says Corinne Whitely for the Pacific Centre Aids Project. "It is important not to pass judgment on people, but to help them protect themselves and the people that they love."

Mr Fowler has already accepted much of this thinking, making the government's media campaign lean towards "safety first" messages rather than overtly moral arguments. His American trip is likely to reinforce his view and could lead to yet more explicit information, found to be the most effective way of changing people's behaviour.

Surveys in San Francisco show that 80 percent of gay men, still the biggest vulnerable group, have changed their habits so they are no longer at risk of either contracting the virus or passing it on. Although this means that a worrying 20 percent are behaving dangerously, health workers are also encouraged that the incidence of sexually transmitted diseases has shown a massive drop.

"We have taken the vast majority out of the pool of those at risk," says Holly Smith, of the San Francisco Aids Foundation.

Mr Fowler will also see the city's practical efforts to deal with the crises. Education programmes have been launched for public service workers such as police and fire officers, home care and hospices for the sick or dying have been set up, and voluntary help mobilised on an unprecedented scale.

But, when Mr Fowler begins the steep descent into San Francisco airport, he will also begin a journey more impressive in its human terms than any services can suggest. They once said of this idyllic town that the party never stops — and to witness it transformed by disease, fear and sadness is bound to leave the social services secretary better equipped for this task.

"Okay it was a party, but the party is over now for both the straight and the gay communities," says Bob Ross, publisher of the Bay Area Reporter, which prints columns of death notices for Aids victims. "Every one of us here now has a friend or an acquaintance who has Aids or who has died of it. I think that has made us a more caring community than perhaps once we might have been." — *Sunday Times News Service.*

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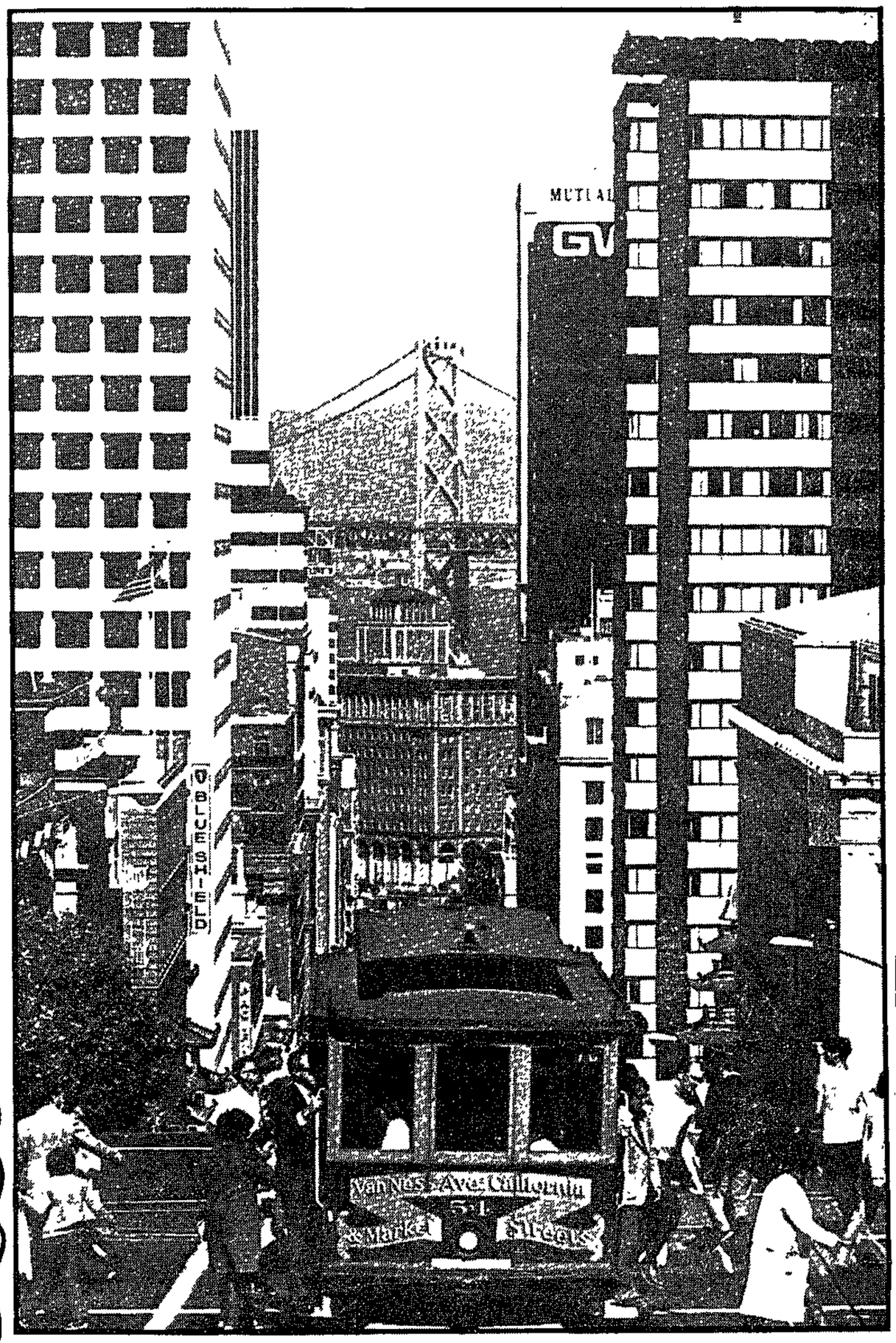

CITY WORKING AGAINST AIDS: San Francisco, where practical efforts have been made to deal with the Aids crisis. Education programmes have been launched for public service workers such as police and fire officers, home care and hospices for the sick or dying have been set up, and voluntary help mobilised on an unprecedented scale.

How Aids deaths are reported in the Bay Area Reporter

Farewells were said on August 9 as Gustavo Luna's ashes were scattered on San Francisco Bay. Gustavo, 41, passed away with Aids on August 7.

A native of Colombia, Gustavo was a self-employed contractor in San Francisco for ten years.

A loving man of great sharing and giving, he will be missed.



Gustavo A Luna

On August 9, Roger entered a new life, leaving his loved ones to mourn his passing. His life was short but he tried to live it to the fullest.

He was born in Illinois on July 12, 1944 and grew up in Oak Forest. He graduated from Northern Illinois University.



Roger D George

Dealers see rise in used car prices

Staff Reporter

USED car prices will increase dramatically in the next few months, say city car dealers.

Prices are being pushed up by the critical shortage of second-hand vehicles as the countrywide slump in new car sales has resulted in fewer trade-ins, the major source of stock for second-hand dealers.

Dealers confirmed an incease was imminent because of short supply and big demand.

Some said they were already paying more for trade-ins.

Last year, 174 453 new cars were sold in South Africa — about half the number sold five years ago.

Mr John Barker, a director of Kempster Ford, Cape Town, said dealers were being forced to pay higher prices for used cars to induce customers to trade in their vehicles and buy new ones.

"A man is inclined to hang on to his old suit which cost him only R100 if the price of a new suit is R500," he said.

"An inducement is needed to effect a sale and this in turn has pushed up prices."

He said there had been a slight improvement in sales in the Peninsula this month.

"December was the worst month in about 10 years and anything better than that is an improvement."

Mr Terry Sorour, managing director of Atkinsons Toyota, said sales slumped during December but the situation changed this month and there was a noticeable increase in "walk-in trade".

More people were unable to buy new cars and were looking for used ones.

Mr Dudley Saville, joint managing director of the McCarthy Group, said a 15 to 20 percent rise in new car prices was expected this year.

Plan to fight Aids wins wide backing

Political Staff

MOVES by the Minister of Health, Dr Willie van Niekerk, to help curb the spread of Aids have met with approval.

Dr Marius Barnard, Progressive Federal Party health spokesman, said today the measures announced by Dr van Niekerk should be effective in South Africa.

Dr van Niekerk said yesterday there had been 41 cases of Aids in South Africa in the past five years leading to 28 deaths.

The plan of action approved by the Minister includes a health education programme, surveillance of victims, tests for new victims, identification of groups at risk, services and counselling for victims, reaearch into new testing methods and the formation of a Government body to implement the plan.

Dr van Niekerk said the plan was largely a continuation of the Aids control programme in operation for the past two years.

The plan had been drawn up by the advisory body of experts he had appointed two years ago.

The body had also established close liaison with organisations involved with high-risk groups which had started an education programme among homosexuals, the largest high-risk group.

Dr van Niekerk said: "The success of these educational campaigns will depend on the change in behaviour of the high-risk population."

SA has high-priority plan in the battle against AIDS

2/11/87
92
STAR

Political Correspondent

CAPE TOWN — A high-priority strategic plan to deal with AIDS in South Africa has been announced by Minister of Health Dr Willie van Niekerk.

He said in a statement yesterday that an executive body to implement the plan had been established in his department.

The plan and the executive body was largely a continuation of an acquired immune deficiency syndrome (AIDS) control programme that had been in operation for two years, he said.

Forty-one cases of AIDS had been diagnosed in South Africa in the past five years — and 28 had been fatal, he added.

In the United States more than 28 000 cases have been diagnosed (with almost 16 000 deaths), and in Britain about 580 cases (almost 300 deaths). It is estimated that almost 35 000 cases of AIDS have now been diagnosed worldwide.

SURVEILLANCE OF DISEASE

"Although a relatively small number of cases has been diagnosed so far in South Africa, the disease certainly has the potential to become a major problem," Dr van Niekerk said.

The new plan of action involves:

- Health education and dissemination of information on AIDS to the public and health profession.
- Surveillance of the disease and of people infected with the virus, but who do not display the symptons.
- Testing for antibodies in people suspected of having been infected.
- Identification of at-risk people and population groups, with appropriate intervention aimed at minimising the spread of the virus.
- Provision of health services and counselling to patients.
- Evaluation of antibody testing methods.

CHECK ON CARRIER RATES

Dr van Niekerk said mechanisms for recording the number of AIDS cases had already been set up and studies had been undertaken to determine the carrier rate among high-risk groups.

Results obtained by the Blood Transfusion Services' blood screening programme, which covered almost a million donations, showed the incidence rate of positivity for HIV antibodies to be six in 100 000.

Of the first million blood donations tested in the US, 38 in 100 000 donations were positive.

Dr van Niekerk said the success of the educational programmes would depend on the change in behaviour of the at-risk population (the most important high-risk group being homosexuals).

An information pamphlet is being distributed to increase public knowledge about the disease.

SUIT HIRSELF

SIZZLING SUMMER SELL-OUT!

...LS **...uits**	trevira/wool	NORMAL PRICE R239	99.95
...MENTONE **Suits**	trevira/wool plain/pin stripes	NORMAL PRICE R240	119.95
FAMOUS MAKE **Suits**	½-lined/ wash 'n wear	NORMAL PRICE R199,95	129.95
FAMOUS MAKE **Suits**	trevira/wool plain/stripes	NORMAL PRICE R270	139.95
FAMOUS MAKE **Suits**	trevira/wool/ polyester	NORMAL PRICE R250	179.95
CONNOISSEUR **Suits**	all wool trevira & wool hand tailored	NORMAL PRICE R299 – R350	159.95
SUPER SELECTION **Suits**	mohair/wool	NORMAL PRICE R325 from	225.00
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Govt adopts blueprint to fight Aids

Cape Times 21/1/87. 92

Staff Reporter

A BLUEPRINT to fight the spread of Aids has been adopted by the Department of National Health and Population Development.

The Minister, Dr Willie van Niekerk, said yesterday that the plan adopted had been drawn up by the National Advisory Group on Aids.

He said the move was a formalization of an Aids control programme which had been in operation for the past two years.

The plan included health education for both the public and health professions, surveillance of suspected victims, identification of "high risk groups" and the provision of health services and counselling to infected patients.

Dr Frank Spracklen, a member of the advisory group, said Dr Van Niekerk's announcement meant that the group, which has no executive powers and no funds, would now have the "clout" of a government department behind it.

He said there had been 50 Aids cases nationally, with 32 deaths. Eleven of the 50 were from Cape Town. Six Capetonians had died of the disease.

Dr Spracklen said it was difficult to say how many Aids Related Complex (ARC) cases had been found in South Africa, as they were not nationally recorded, but he had seen at least 55 people in Cape Town with this form of the disease, of whom one had died.

ARC is a milder form of the full Aids syndrome and is not usually fatal.

He said all the local Aids victims had been either homosexual or bisexual men.

Di 'no

Own Corresp

LONDON. — Princess Di out Royal Family hanger her brother, Viscount Al zine interview.

"She's weeded out qui on she found round her family in a subtle way,"

"She's an exceptio thoughtful person, but she's a fool."

Princess Diana, who school, yesterday showe

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Public at no risk after city Aids scare — Gene Louw

Staff Reporter

"NO possible hazard" to the public existed because six rescue personnel retrieved an Aids-carrier's body from Chapman's Peak, said the Administrator of the Cape, Mr Gene Louw.

The workers removed the broken body of a young landscape architect after he had been killed in a fall.

He was described by Mr Louw as "a known carrier of the Aids virus, although not suffering from Aids".

"In view of the possible potential danger to personnel they are all being medically examined and blood tests have been taken which will be repeated in eight weeks' time," Mr Louw announced.

DECONTAMINATED

"All equipment has been subject to full decontamination procedures. All personnel involved are carrying out normal duties and are in good health."

He referred to "speculative rumours ... which have a tendency towards sensationalism".

The man's family and the Department of Hospital Services deeply regretted any risk to which the emergency medical personnel may have been exposed, he added.

"Insofar as is practical and possible, precautions will be reinforced to prevent a recurrence of such an incident.

Mr Louw said the department wished to thank all its emergency medical services personnel in the field for their dedicated efforts in early treatment "before the advantage, in many cases, of a positive diagnosis of the patient's condition is known".

In South Africa 41 cases of Aids had occurred, leading to 28 deaths, said Minister of Health Dr Willie van Niekerk this week. He was announcing moves to help curb the spread of Aids.

GRIM PICTURE WORLDWIDE

However, worldwide the picture looks grimmer. So far, Aids has been diagnosed in 30 000 Americans and has claimed almost 17 000 lives, according to the Centres for Disease Control in Atlanta.

US Surgeon-General Dr Everett Koop forecasts that nearly 100-million people could die of Aids by the end of the century.

However, not everyone who carries the virus develops the incurable disease. Some become "carriers" while many develop the milder Aids-related complex.

wk ARGUS 24/11/87 92

Aids fear: Weeks of waiting for rescue workers

By LINDA GALLOWAY
Weekend Argus Reporter

THE next few weeks will be vital for the six rescue workers who retrieved the body of the Aids-carrier who fell from Chapman's Peak as they wait to find out whether they have the virus which causes the disease.

The Aids virus, HIV, is transmitted through body fluids and can be contracted through an open wound exposed to the fluids. The six have had blood tests and been advised to take several precautions.

Some of the workers came into contact with the man's blood while putting his body in a bag and transferring it to the boat which was used in the rescue. The men were told the blood tests were mainly a precautionary measure and that a positive result did not necessarily mean they would get Aids.

About 10 percent of sero-positive cases get "full-blown Aids". Others may not show signs of the disease, yet become carriers or develop Aids Related Complex (ARC) or fight off the virus.

One of the men said it was a "terrible burden" knowing that he could be positive to the virus.

"We've been told that the chances are quite slim that we will be positive, but it is still very worrying.

"The implications are enormous. It has changed my whole perspective on rescue work," he said.

Sterilised

The clothing, wetsuits and other equipment which came into contact with the body were incinerated or sterilised.

AIDS: 20th CENTURY PLAGUE — pages 16 and 17

Rescuers take steps to fight Aids threat

CAPE TIMES 24/1/87 (92)

By CHRIS STEYN

THE Cape's rescue services are preparing to meet the threat of the Aids virus — after the killer disease was dramatically highlighted by the exposure of six emergency workers to infection while removing a body from Chapman's Peak.

In an interview with the Cape Times yesterday, Dr Alan McMahon, one of South Africa's top rescue experts and chief of the Cape Ambulance Rescue Services, disclosed details of precautionary measures which will in future be strictly enforced by Metro to protect its members and helpers.

Normal duties

He vowed that the strictest measures would remain in force for as long as there was the "remotest" possibility of emergency workers being exposed to the Aids virus.

Dr McMahon conceded that there had been "concern" among Metro members following the mountain recovery of a young landscape architect killed in a fall. But he said nobody had refused any duties as a result of the incident. "This has not rocked our whole organization to its foundations," he said.

He confirmed that the emergency workers involved in the removal of the body of the Aids carrier were continuing with their normal duties. "If there was a body now on Chapman's Peak, we'd go and get it."

Dr McMahon stressed that the six men were "perfectly healthy" — in spite of the fact that in some foreign countries ambulancemen have refused to help people with Aids.

The Administrator of the Cape, Mr Gene Louw, yesterday disclosed details of the Chapman's Peak incident, which has caused a complete rethink on the latest lethal threat to rescue services.

□ Special measures will be taken to ensure that emergency workers with cuts, sores and injuries are adequately protected when they handle dead bodies. "We operate with open wounds. But we will ensure that any emergency workers with open wounds will close them while they are on duty and before they deal with blood or other excretions from patients," Dr McMahon said.

□ Plasters will be carried on every rescue vehicle. "If an emergency worker suffers a cut while on the scene of an accident, he can cover it immediately. He won't have to wait until he gets

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CAPE TIMES 24/1/87

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Aids (92)

back to base."

□ Greater care will be taken in future with the actual removal of bodies from the scene of a crime or accident.

□ Gloves, which had always been available to emergency personnel, will now be used whenever "possible and practical"

About the possible dangers involved in mouth-to-mouth resuscitation, Dr McMahon said emergency workers relied on various mechanical devices to resuscitate victims.

"Mouth-to-mouth resuscitation is a first-aid measure. We occasionally use it on new-born babies, but as a general rule we don't need to because we have mechanical aids," he said

Hospital workers may need Aids check

CPT Times 26/1/87 92

By CHRIS STEYN

IN another development in the Aids scare which followed a young landscape architect's death fall on Chapman's Peak, it was disclosed yesterday that Groote Schuur Hospital staff may have been exposed to the Aids virus.

The Cape Times has established that the body with the killer virus, which was removed from the foot of Chapman's Peak by rescue workers, was taken to Groote Schuur Hospital for examination before being sent to the police mortuary in Salt River.

Dr Francois van der Merwe, a medical superintendent at Groote Schuur Hospital, yesterday confirmed that the body bag was opened by staff on arrival at the hospital where the Aids-virus carrier was certified dead.

He had received a "verbal" report that certain staff members may have been exposed to the Aids virus.

If they had taken the "normal precautions" and worn gloves they would not be in any danger.

"But I am not sure to what extent they examined the body," Dr Van der Merwe said.

He said it would be confirmed today whether it would be necessary for them to undergo tests — if such tests had not already been conducted.

It was disclosed last week that six emergency workers had come into contact with the man's blood while putting his broken body in a bag and transferring it to the boat used in the rescue.

They have had tests to check their exposure to the virus.

5-hour lapse before rescuers told victim was Aids carrier

CAPE Times 27/1/87 92

By CHRIS STEYN

THE Minister of National Health and Population Development, Dr Willie van Niekerk, confirmed yesterday that five hours had elapsed before health authorities alerted Metro rescue workers that they had recovered the body of an Aids virus carrier.

Eight people — six of them Metro personnel and two of them Groote Schuur Hospital staff — were exposed to the Aids virus during that time.

Answering questions put to him by the Cape Times yesterday, he confirmed that the State Pathologist, Dr Leendert van Ieperen, had not informed Metro or Groote Schuur Hospital that the dead man was an Aids virus carrier.

Exposure to virus

But he said that Dr Van Ieperen had informed the mortuary at Salt River that the body of an Aids-positive person would be taken there.

The Cape Times disclosed last week that six emergency workers had come into contact with the man's blood while putting his body in a bag and transferring it to the boat they used in the rescue. They have undergone tests to check their exposure to the virus.

Asked last night to comment on Dr Van Niekerk's statement, Dr Van Ieperen said: "I am completely satisfied with the advice given by me in this matter."

He said it was not his responsibility to inform Metro or Groote Schuur Hospital about the Aids victim. "It had nothing to do with me," he said.

Dr Van Niekerk said Dr Van Ieperen was telephoned about 1pm by a colleague in the Cape Provincial Hospital Service. Dr Van Ieperen was informed that a known Aids patient had committed suicide and was requested information regarding post-mortem procedures.

"Dr Van Ieperen recommended that the body be transferred to Salt River mortuary and subsequently informed the mortuary that the body of an Aids-positive person would be brought there.

"No details regarding the place or mode of death were communicated to Dr Van Ieperen," Dr Van Niekerk said.

Asked whether he could explain why the Metro workers were informed that the body was infected only when they arrived with it at Salt River mortuary at 6.30pm, Dr Van Niekerk said: "No. At this stage this department was unaware of the Metro action."

He said the mortuary was informed because Aids-positive bodies were handled in a specific manner to avoid infection of the staff.

Asked whether Dr Van Ieperen informed Groote Schuur Hospital, Dr Van Niekerk again

From page 1

Aids

CAPE Times 27/1/87 92

said: "No. Dr Van Ieperen was unaware that the body would be taken to Groote Schuur Hospital."

Asked what steps were being taken to establish a national central information bank — with details of Aids carriers and victims — to which organizations like Metro had access to check on people they were dealing with, he replied: "This forms part of the National Strategic Aids Plan recently announced by myself."

In another development, Dr J D L Kane-Berman, Chief Medical Superintendent of Groote Schuur Hospital, last night suggested that all sufferers from Aids should wear some sort of notification of their illness on their person, for example a medical disc.

CMR Times 28/1/87 92

Theory of Aids as germ warfare product rejected

Own Correspondent

LONDON. — The theory that the Aids virus was developed in a germ-warfare laboratory has been rejected by Dr Anthony Pinching, secretary of the world-famous London-based Medical Research Council's working party on Aids, which believes the killer disease evolved in Africa.

This idea has been suggested in several reports, notably by Dr John Seale, a Harley Street doctor. Both the Americans and the Russians have been blamed for the deed, depending on the source.

Dr Pinching cited research conducted by the Emory University School of Medicine in Atlanta, which showed a blood sample taken from a person in Zaïre in 1959 contained antibodies to the virus and thus the person had been infected with Aids.

"The fact that it was around in 1959 makes the whole argument that it was made in the laboratory a diversion. The genetic engineering technology required to make it did not exist at that time," he said.

Dr Pinching pointed to other flaws in the argument: it was not until the 1980s that the class of virus that Aids belongs to, the retroviruses, was known to affect man; and it is "hardly an ideal agent for germ warfare because of the 'boomerang effect'.

"Most people said the likeliest hypothesis was that the virus probably started as a monkey virus, which at some stage in recent decades moved across to infect man.

It appears to have originated in central Africa. After remaining there for some time it began to spread to the rest of central Africa in the early 1970s.

Later this decade it reached Haiti and then spread to America and Europe.

Debate on menace of Aids at PE symposium

Weekend Post Reporter

THE menace of Aids (Acquired Immune Deficiency Syndrome) will be brought into the open in Port Elizabeth next month.

Facts on the much-feared killer disease, for which there is no known cure, will be given at a public symposium held by St John Ambulance on February 26.

Questions to be discussed will include:

- How contagious is Aids?
- What research into a possible cure is being done?
- Will there will be an epidemic?

Other aspects to be raised are the psychological effect on the family of an Aids victim, social withdrawal, the victim's fear and trauma and changing standards of society.

Dr A P Albert, medical director of the Eastern Province Blood Transfusion Service, and a clinical pathologist, will be among four speakers.

The president of St John, Dr L J Krige, said that an example of the reaction to Aids was the captain of a Japanese ship with a Filipino crew which recently visited PE. He refused to let his crew ashore unless he had an assurance that there was no Aids in the city.

The Aids virus is found in an infected person's semen, blood, tears and sputum although no cases of transmitting the disease have been confirmed through contact with tears or sputum.

Homosexual and bisexual men are high risk groups for contracting Aids.

Once Aids has developed, patients seldom live longer than three years.

The general public and those in professions who are likely to be involved with Aids cases are invited to attend the symposium, which will be held from 7pm to 9pm at St John's, at a fee of R10 per person (☎ 22121 for bookings).

- So far only one case of a person carrying the virus from which Aids can be contracted has been detected in Port Elizabeth.

Dr Albert said the person concerned did not have Aids, but was a carrier of Human Immunodeficiency (HIV) antibodies. Such people may or may not get Aids themselves, he said, but could transmit the virus and the disease through sexual contact.

However, medical sources said that as Aids was a non-notifiable disease, there could possibly be more cases in the Eastern Cape.

Cape Times 6/2/87

Aids threat 'torments' rescuers

By CHRIS STEYN

ONE OF six emergency workers who came into contact with the blood of an Aids virus carrier described how a routine rescue operation turned into torment.

Sergeant Arnold Liebenberg, who helped recover the body of Mr Wally Banks from Chapman's Peak recently, said he was unable to kiss his wife after being told that the victim had been an Aids carrier.

"I turned my face away from her on the first day. I was very tense then," he said.

He was advised not to share personal possessions, like razors, with his wife, Ethne.

She said: "I put my foot down when he said that he had been advised by a doctor not to be intimate with me because the virus could be transmitted that way if he had been infected. I said that I would not allow this disease to destroy our marriage."

Sergeant Liebenberg said: "After Dr Frank Spracklen from the Aids Advisory Committee explained how slim the possibilities of us having been infected were, I stopped worrying so much."

He and Constable Casper van der Merwe, who was also involved in the rescue, are now jokingly referred to as the "Aids Team".

"Aids is all I think off whenever I am alone," Constable Van der Merwe said.

"I was initially too shocked to realize what was happening. When it had sunk in, I got a terrible fright."

They will both be tested on March 3 to reassess their exposure to the virus.

"Hopefully I'll be able to breathe again and live a normal life afterwards," Constable Van der Merwe said.

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City man dies of Aids

Cape Times 11/2/87

Staff Reporter

IN the escalating Aids crisis, a young Durban man has become the latest confirmed victim of the disease while in Cape Town, another sufferer died at the weekend, sources said yesterday.

The Durban case was confirmed by Professor Denis Pudifin of the University of Natal's Medical School, who warned of a major Aids problem with a definite acceleration in the number of cases.

The Cape Town fatality was confirmed by a spokesman for the National Aids Advisory Group, Dr Frank Spracklen.

The young man was the seventh of Cape Town's 11 cases to have died, bringing the number of Aids deaths nationwide to 33. There have been 56 reported cases nationwide.

Meanwhile in London, the British government yesterday acted urgently on alarming new Aids figures by releasing £10m (about R31m) for research into the killer virus.

It is the first time outside of war that the government has by-passed normal contracting procedure to place the work in the hands of the Medical Reseaerch Council in London, said the Health Minister, Mr Norman Fowler.

Two more Aids cases bring SA total to 58

By CLARE HARPER

TWO MORE Aids cases were confirmed in Johannesburg yesterday, bringing the number of reported cases in South Africa to 58.

And Aids experts have urged the government to spend more money on public education.

A spokesman for the Aids Action Group, affiliated to the Gay Association of South Africa, who asked not to be named for professional reasons, said a mass public education campaign was essential.

He said that in 1981 there was only one case of Aids in the United States whereas today there are more than 25 000 cases and increasing.

"In 1982 there were only two cases in South Africa. Thirty-five people have died nationwide. Are we going to wait until we have a major problem?

"Aids is a disease of promiscuity, caused by sexual contact. We want to encourage the use of condoms and safe sexual practices. The age of promiscuity and sleeping around is over," he said.

In Britain an estimated five million St Valentine's Day cards will be stamped with a government-funded franking mark warning of the dangers of Aids. This is part of the government's massive publicity campaign.

Every card mailed in Britain will bear the message "Aids — Don't Die Of Ignorance".

A member of South Africa's National Aids Advisory Group, Dr Frank Spracklen, praised the British campaign and said he believed more money was needed to educate the public about the disease and how to prevent the spread.

He said the Aids Advisory Group had the intellect and the ability, but no financial backing, to advance the campaign.

A spokesman for the Department of National Health and Population Development said he was "satisfied" with the Aids-control programme and that enough effort was being made to control the disease including by public education.

□ The Swazi Health Minister, Mr Sipho Shongwe, announced yesterday that the entire population of Swaziland would be screened for Aids next month.

Health experts have been recruited to take blood samples of the nation's 600 000 people and to check them for the virus. Only two people, one a foreigner, have been diagnosed as having Aids.

Airline pilots to be screened

Own Correspondent

LONDON. — British Airways is to screen all new pilots for Aids during their medical examination. The tests are to be made because medical evidence suggests that Aids can lead to a loss of memory which can affect decision-making.

The airline said one hundred pilots being recruited currently will be the first to be screened.

Half the airline's 2 000 pilots are retiring over the next decade and others are being recruited to replace them.

British Airways said yesterday that pilots would be the only staff to undergo Aids tests.

"Pilots are responsible for safety and have to pass very rigorous medicals," a spokesman said.

"We are introducing the tests because we see it as a prudent measure on safety grounds. Pilots are screened for many things, including heart conditions and diabetes, which could bar them from being a pilot," he said.

Aids: MP backs condom adverts

92

Cape Times 13/2/87

Staff Reporter

AN urgent call for a massive public education programme on Aids — right down to school level and including the advertisement of condoms — has been made by Dr Marius Barnard, Progressive Federal Party spokesman on health.

His call follows the death of a Cape Town Aids victim and the reporting of three more Aids cases this week, bringing the national total to 58.

The education drive should aim at making people aware of the causes of the disease and the fact that there was no cure. "People should be shocked into realizing how serious it is," he said.

He would support a movement to advertise condoms. "We must bring across the fact that Aids is preventable," he said.

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78 to date: Nominal +0.0% Real Weekly Wage at 9/86: R 38.82

Colonel Vic Heyns, of the Police Public Relations Directorate in Pretoria, yesterday said a circular containing new instructions regarding the handling of bodies had been sent to police stations countrywide.

virus carrier.

ber of the National Aids Advisory Group.

The two new cases follow the seventh Aids death in Cape Town nine days ago. There are now four Cape Town Aids sufferers.

To date there have been 58 recorded cases of Aids in South Africa, with 35 deaths, Dr Spraekleen said.

As part of the national strategy to combat the disease, Dr Spraekleen is giving lectures to Cape Town schoolchildren in Stds 9 and 10 about the risks of Aids.

Circular with new instructions

"We have been telling schoolchildren who are of an age when they may have become sexually active all about the disease, the risks involved and methods of preventing its spread.

"For instance, it may be considered strongly advisable that condoms be made available to sexually active teenagers," he said.

Meanwhile, it has been confirmed that police officers at every station in the country have received instructions on how to avoid being infected with the Aids virus, following the exposure recently of six emergency workers and two Groote Schuur Hospital staff members to the body fluids of an Aids

2 more Aids victims in Johannesburg

By CHRIS ERASMUS and CHRIS STEYN

AIDS has claimed another two South African victims, both in Johannesburg, one of whom has died.

And an estimated 6 000 South Africans have so far been infected by the virus which causes the deadly disease, according to Dr Frank Spraekleen, a member of the National Aids Advisory Group.

Cape Times 17/2/87

Aids: Top doctors hit at govt

Cape Times 18/2/87

92

By CHRIS ERASMUS and CHRIS STEYN

AN URGENT warning that the government was dragging its heels over the growing Aids threat was sounded yesterday by top doctors who claimed the authorities were withholding desperately needed funds to fight the disease.

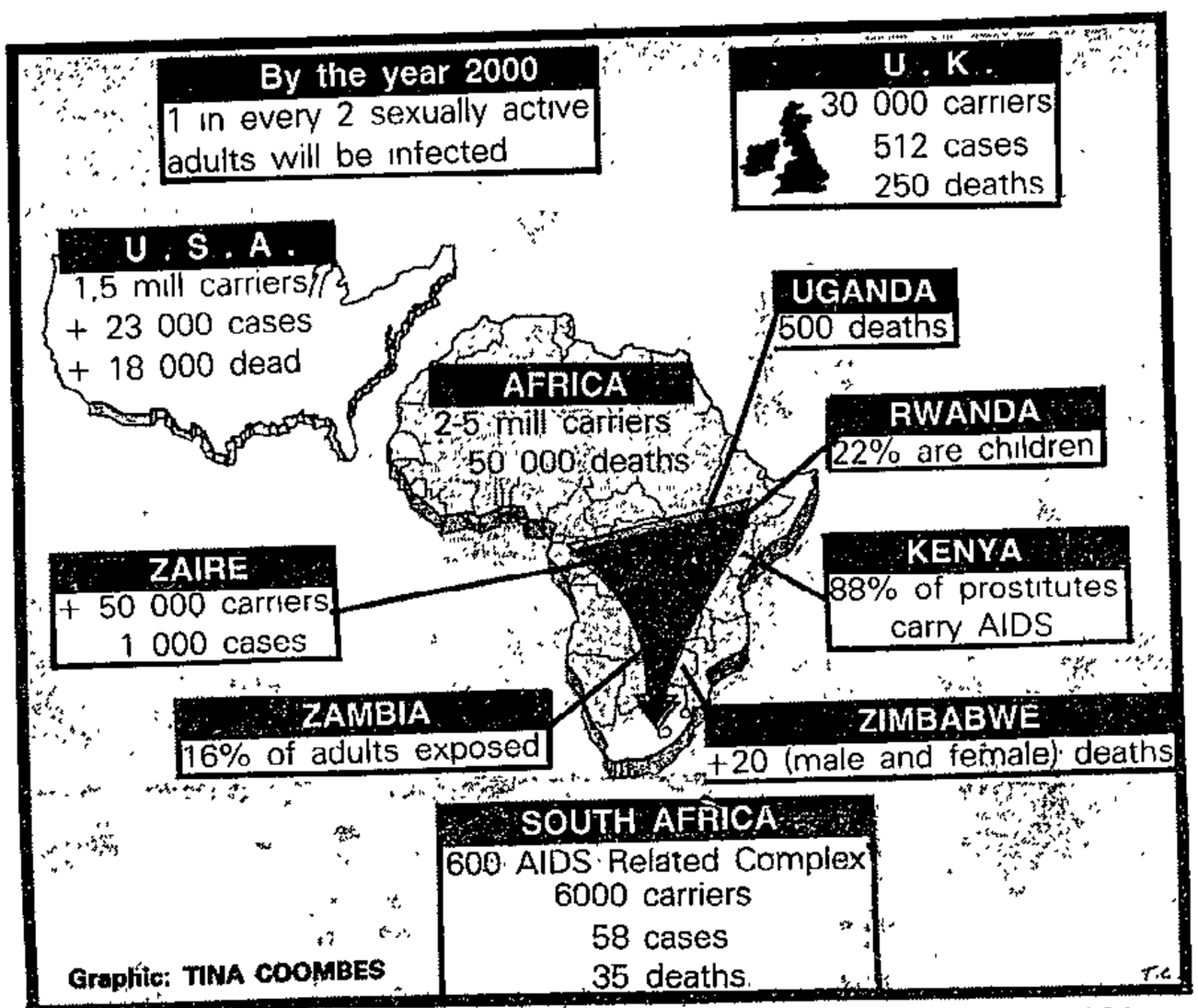
In a related development, Dr Marius Barnard, the PFP's health spokesman, called for all South Africans who have had more than one sexual partner in the past two years to be tested for the virus.

Experts also warned that the disease, which was spreading rapidly southwards through the frontline states, was posing a serious threat to South Africa.

And health authorities at South African airports have admitted that there is little they can do to prevent the entry of immigrants, travellers and businessmen who may have the disease or be carrying the virus.

The Director-General of the Department of National Health and Population Development, Dr Francois Retief, said that a press release on "the control strategy of Aids" will soon be made available.

But doctors who daily deal with a growing number of cases — 58 full-blown Aids cases are on record, about 600 people could have the milder Aids-related complex (ARC) and about 6 000 have been infected — accused the Department of Health of:



This map shows the rapid southward spread of Aids through Africa. Included in the statistics recently disclosed by WHO are estimates that between two and five million Africans now carry the deadly virus, that at least 50 000 people on the continent have already died from Aids, and that by the year 2000 one out of every two adults will be infected.

☐ Failing to make available funds to set up clinics or units to treat Aids and ARC patients, to counsel victims, their families and partners, and — most important — to trace sexual contacts of all infected people;

☐ Failing to launch a full public information campaign, similar to pamphlet, poster and booklet campaigns under way in Europe and the US.

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P.T.O

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Questioned on whether Aids clinics had been set up locally, Dr Frank Spracklen, of the National Aids Advisory Group, said such attempts had been made but funding was not forthcoming. The Medical Research Council had been approached for funds, but had turned down the application.

Professor Andries Brink, president of the MRC, said it was not its task to fund clinical Aids programmes, even if they generated research data.

But, he said, the setting up of such clinics was not only something that needed to be done urgently, but was "already overdue".

The tracing of sexual contacts of people infected with the Aids virus, regardless of whether or not they showed signs of disease, was of critical importance in preventing the spread of the virus and limiting the numbers who would ultimately die.

"Funds have been made available for fundamental research, primarily by the National Institute of Virology, and it can be expected that this will generate practical results. But further funding for clinics and tracing of infected people has to come from the Department of Health," Prof Brink said.

Dr Barnard said South Africans were "too complacent" about the disease and an education programme was urgently needed as Aids was destined to reach epidemic proportions. People had to be told to use condoms to save lives.

"I hope this does not offend religious groups. I am not encouraging the use of condoms as a form of birth control but rather as a way in which lives can be saved."

In his reply to Cape Times questions, Dr Retief said: "We regret it is impossible to reply to your ... questions regarding Aids within the time specified. All issues raised are being handled by the Aids executive body whose formation was announced recently by Dr (Willie) van Niekerk."

Dr Ruben Sher, Aids researcher at the SA Institute of Medical Research, said the Central African Aids epidemic was spreading southwards and that medical authorities could only slow but not stop the infection reaching SA.

"When the crunch will come, I don't know, but come it will," he said.

Cape Times 19/2/87 92

Health officer calls for action on Aids

By CHRIS ERASMUS and JOHN VAN DER LINDEN

CAPE TOWN'S Medical Officer of Health, Dr Reg Coogan, has endorsed calls by leading doctors for prompt action to slow the spread of Aids in South Africa.

Dr Coogan said yesterday that while the incidence of Aids virus infection in the city was still very low, it was essential that public education campaigns be instituted to reach senior school children and those at greatest risk of infection.

"We have to fully inform school children, who are the most receptive to health education, as well those currently most susceptible — promiscuous male homosexuals — about the risks of Aids, its transmission and how to avoid it.

"We also need to encourage those individuals who insist in indulging in risky sexual practices to use condoms as a physical barrier to spreading the infection," he said.

Dr Coogan said that ideally it would make sense to conduct Aids virus antibody tests on all those arriving at the city's sexually transmitted disease clinics for treatment — but the problem was financing.

"Each blood test for antibodies to the Aids virus still costs about R5 or R6 and we don't have the money to cover routine testing of thousands of people.

"I have contacted the Department of Health on this issue and they have assured me that there is a high-level action group which is studying the Aids question and which will soon allocate funds where they are most needed — but one must remember they do not have unlimited funds and it is a matter of priorities."

Meanwhile, Aids has yet to make itself felt as a serious threat among Cape Town's prostitutes and escort girls.

In the US, the rapid spread of the disease has severely curtailed their activities. Warnings are issued almost daily in the US and hundreds of brothels as well as escort agencies have reportedly closed in the face of the Aids danger.

Several Cape Town-based escort agencies approached this week by the Cape Times indicated the disease was still not being taken seriously by their employees.

A 23-year-old woman, who has been employed with an escort agency for the past three years, said she believed that most clients were "after more than just an escort . . . (but) Aids is so remote that most of the girls don't really give it much thought".

A senior member of the Cape Town Vice Squad said he was not aware of any decline in prostitution due to the Aids threat.

"But when one takes into consideration the escalation of the disease in the US, and the resulting panic among prostitutes and contact sports players, it seems the dangers of Aids have not yet been clearly spelt out to the local population," he said.

How to have yourself tested

Staff Reporter

IF YOU suspect you may be infected with the Aids virus here are some suggestions on how to have yourself tested.

Professor Walter Becker, head of the University of Stellenbosch-/Tygerberg Hospital department of medical virology, says it's best to go to your private doctor and ask him to take a blood sample.

This will be sent confidentially for analysis to a firm of private pathologists or to Prof Becker's department.

If you do not have a private doctor, you may contact Dr Van Vuuren at Tygerberg Hospital on 931-0111, ext 3230 or 3229; Mrs Swart at Tygerberg Hospital, ext 3171 or Dr Frank Spracklen of the National Aids Advisory Group at 21-3311.

"DYNAMITE IN THE WRONG HANDS"

Bogus doc leaks Aids secrets

W/C ARGUS 21/2/87 92

By MARK STANSFIELD
Weekend Argus Reporter

SECRETS from highly confidential files on people tested for Aids in the Peninsula may have been leaked by an "evil and malicious" bogus doctor who uses the information in an attempt to have people fired from their jobs.

Some Peninsula homosexuals disclosed this week that their bosses were recently contacted by a "Dr Botha" who claimed to have tested them for Aids.

He told employers that the men had been diagnosed as positive Aids carriers and warned that their entire staff could be at risk.

All the victims had volunteered to be tested for Aids at one of the four testing units in the Peninsula and claimed they had been told information about them would remain "confidential".

The men said the information in the files could be "dynamite in the wrong hands".

It was suspected that the confidential information leak emanated from one source but Weekend Argus investigations have shown that the leak may be bigger than at first suspected:

● A spokesman for Tygerberg Hospital's virology department said a known Aids carrier recently tested at the hospital had complained that confidential information about his disease had been leaked from his files.

● Two victims said information had been leaked from their files after they were tested at Somerset Hospital.

● Several other victims had been tested at other locations, yet "Dr Botha" had information about them, they said.

Staff at risk

The victims convinced their bosses that the information supplied by the "doctor" was false and did not conform to known Aids tests or symptoms.

Their employers were sympathetic and ignored the calls.

But the victims said the possibility of being fired was real — if "Dr Botha" spoke to an unsympathetic and ill-informed employer who panicked and was persuaded that other members of staff were at risk.

Aids experts are puzzled by the leaks because the confidential information appeared to come from several different locations.

They warn that the bogus doctor could cause "havoc" because a breach of confidentiality could stop people volunteering to be tested.

A spokesman for the University of Cape Town's virology department emphasised that it was in the interest of everybody that all potential Aids carriers should be tested.

Strictest security

"This evildoer could jeopardise the entire Aids monitoring and prevention programme."

Spokesmen for Aids testing units — Tygerberg Hospital, Somerset Hospital, the UCT virology department and the Western Province Blood Transfusion Services — were adamant that the leak had not come from their files.

They said information obtained about a suspected carrier was kept under the strictest security.

Dr Frank Spracklen of the National Aids Advisory Group, based at Somerset Hospital, said that no system could ever be "100 percent foolproof".

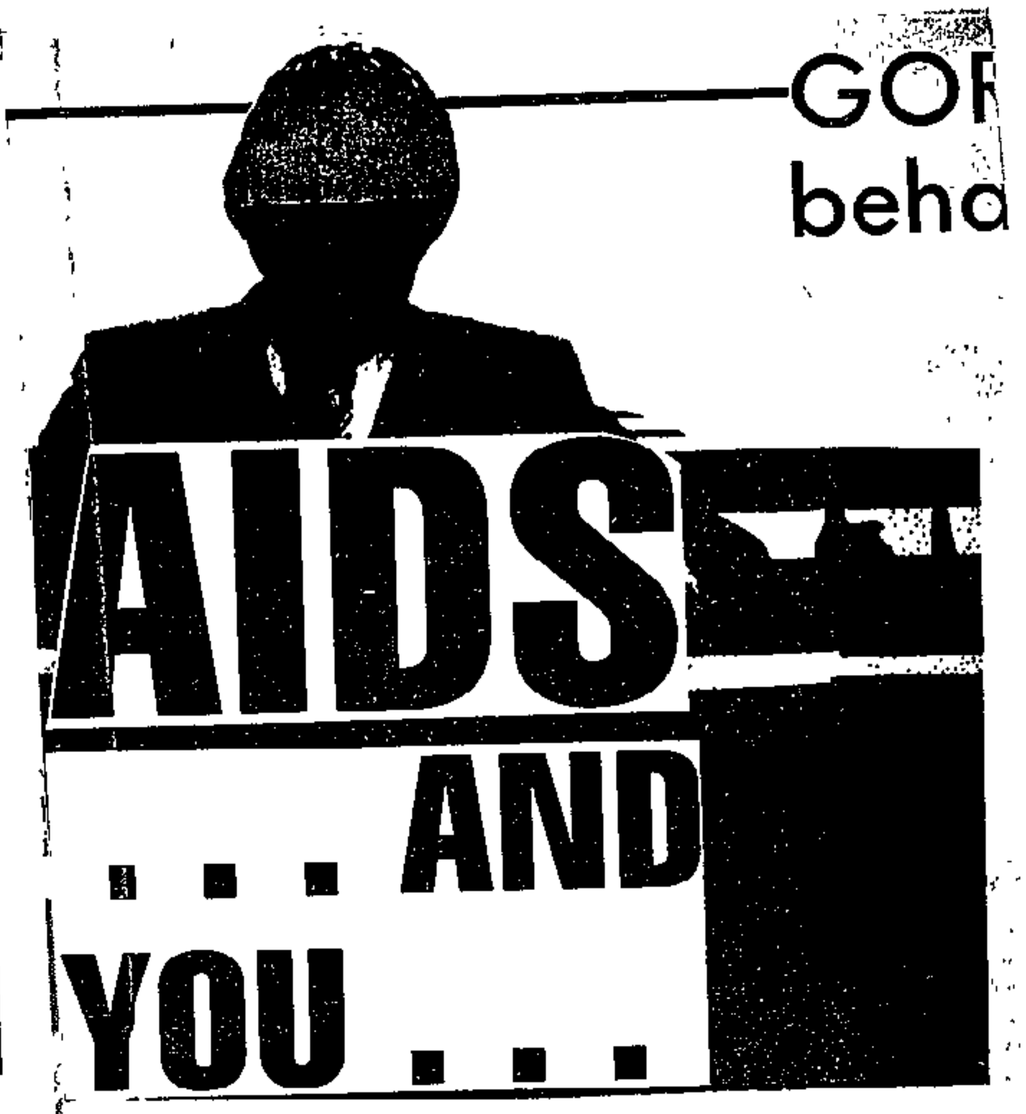
He said: "This 'Dr Botha' mentioned an Aids carrier's name and said I had diagnosed him as a positive Aids carrier, yet the person mentioned was never seen by me.

"Apparently 'Dr Botha' contacted this man's employer and spoke on my behalf, informing the employer that the man had been diagnosed as having Aids and told him the entire staff was at risk.

"I just cannot imagine where this information originated from."

● Aids and you — Page 13.

And the questions you'll be asked



GOF beha

AIDS . . . AND YOU . . .

WITH the threat of an epidemic now clearly spelt out, Aids testing is increasingly popular. The Times finds out what the test involves for an individual and assesses its impact on a hard-pressed health service

by MICHAEL DYNES

I STOOD with about a dozen others in the queue at the receptionist's desk. She gave me a number; I sat down in a somewhat grubby waiting room. I am not a promiscuous heterosexual; nor am I in any of the other high-risk categories. But I do not live the life of a monk and recent publicity has made it clear that casual sex is a bit like Russian roulette — in sleeping with one partner you are effectively sleeping with all of that person's previous partners.

These thoughts and others had brought me to the Sexually Transmitted Diseases Clinic at St Mary's Hospital, Paddington. When my number was caled over the tannoy I went through a green door to see the doctor. I was becoming nervous, but the questions came softly.

"Why do you want the Aids test?"

"For reassurance."

"Why do you need to be reassured?"

"Well," I fumbled, "because of the publicity about Aids."

Then she asked questions about my sexual history:

"Have you ever had a male partner?"

"In the past year, how many women have you slept with?"

"Do you use intravenous drugs?"

"Have you slept with anyone who uses intravenous drugs?"

"What are the chances of you having slept with a drugs user without knowing it?"

"Are you absolutely sure you have never had a male partner?"

The doctor said that I should not be alarmed; the incidence of Aids among the heterosexual population was very small. But that "won't last long".

Next I saw the health advisor, whose purpose was to make sure that I could cope psychologically if my test proved to be antibody positive.

"Are you sure you want the test? The consequences of a positive result can be very traumatic."

"Yes, I'm sure."

She said it took about three months for a normal person to develop antibodies, so if I was worried about a recent sexual liaison, I should have the test again in three months.

She said the information in my file would be protected by law, and I was not obliged to tell anyone if the test proved positive. But she advised me to tell my doctor and dentist.

Then she asked me a question which sounded odd.

"What will you do if the test is antibody negative?"

She explained: "We are a little anxious that people will treat a favourable result as a licence to be irresponsible. It is not up to us to tell you how to live your life, but we must stress that casual unprotected sex is now a high-risk activity."

As for one of the main objections to using condoms — the lack of physical sensitivity — she said this arose because people are not used to them. A condom, she said, is the safest guarantee available of avoiding Aids. "Most men still tend to see contraception as a woman's problem. Those attitudes are going to have to change very quickly."

The session had lasted about 30 minutes and throughout the counselling had been friendly and obviously designed to make me think through the possible consequences of my lifestyle, whatever the outcome of the test.

Down the corridor, in a curtained booth, a male nurse first took two blood samples. Then he took two swabs, one from the throat and one from the genitals. It took three minutes and, two hours after joining the queue, I was on my way home.

But it is not quite over. The result — which they won't give you over the phone or by letter — will be ready in three weeks. I'm not worried about the outcome, but the counselling has certainly concentrated my mind on the dangers of unprotected casual sex.

"AND so," the mother said, "when she goes out now I make sure she has condoms in her handbag." She has a sexually active 19 year old daughter.

IS the future a more staid world where the effort to reduce temptation will lead to modest dress, a big drop in the emphasis on sex in advertising and the media, and a return to the notion of sex as a forbidden fruit?

You could reel with shock, or you could recognise her realities — "There is AIDS in the air," she says, for one of the family's close friends has it, just one of South Africa's 6 000.

AIDS, of course, is hot in the air. It is a strongwilled and sociable virus transmitting itself with some zest primarily through blood and semen.

Will the condoms help?

They're a barrier, we're told, certainly, but the sad truth is that its only in abstinence or in absolute knowledge of your sexual partner that you'll be free of the fear of AIDS.

"If you've had more than two sexual partners," said Marius Barnard, "you should be medically tested."

And if we abstain (will we?), will that self-denial spread to other fields of indulgence, smoking, drinking, even drug-abuse?

THE slogan writ large on T-shirts in the 60's, the Age of Aquarius was: "If it feels good, do it." There is just room on that T-shirt, for those that keep their clothes for 30 years, and just time to scribble in (will we?): "don't." "If it feels good, don't do it."

If the New Puritanism if it exists, if it arrives, will we take more pleasure in our marriages, preferring the cosy hob and homely hearth to extra-marital exertions? Will we return to the "old" ways of life, where fewer women will hold full-time jobs because they'll be staying at home holding the baby?

There is a "futurologist" called Edward Cornish, who heads the Washington-based World Future Society, an organsation that advises business and government, who foresees f sex as a forbidden fruit. Among other consequences, he says, will be the revival of the funny dirty joke.

"Relations between the sexes will be more formal and less familiar. Romantic love will make a comback. People will do a lot more pining and fantasizing." He also predicts a resurgence of church-going by the new puritans, as well as a return to older, simpler eating habits. This trend to temperance is already reflected in South Africa's choice of food. Red meat consumption — give or take a braai here and there — has been dropping since 1980.

IN South Africa we still seem to rate sex the great available pleasure, sublimely unaware that it could be involuntary suicide.

"We thought nothing of having casual sex and using recreational drugs," said a red-haired young homosexual dying with a kind of dignity in a San Francisco hospital. By the time that TV programme was over, he was probably just another statistic among thousands in an American mortuary.

We thought nothing of it ... Cape Town's gay bars and good time gals flourish.

'Many single men and women describe a kind of radar that they think they have for safe or clean partners,' writes *Atlantic Monthly*, ridiculing the idea. Its recent chilling study predicts a devastating rise in heterosexual cases as people infected over the past decade begin developing the symptoms.

Atlantic Monthly concludes: 'It can't hurt to think of the virus as having an intelligence and a commitment to survival that exceeds that of many people.'

That 19 year old girl with the condoms in her handbag?

"You have to use self-discipline."

PERHAPS the best sex now will be between common-sense adults. We are a sel protective species ai the threat of this ne kind of black plagi concentrates the mi dramatically into a ne set of priorities.

The desire to survi is a powerful persuad and since permissiv ness — 'If it feels goc do it' — this tim around has existed f only 25 years, a ha can be called before t much damage is done

The pendulum of se ual behaviour is now the throes of the mc dramatic swing f more than a century.

Common-sense in t end will save us.

In the meantime, f those who want to pe sist with old immode ate ways, an Americ company is about market a Safe-Sex K As well as the more o vious items, it includ a pair of latex glov and a plastic dent dam.



'Come forward now and be tested' plea is in deadly earnest

by MARK STANSFIELD, Weekend Argus Reporter

FORMER heart transplant surgeon and now Member of Parliament Dr Marius Barnard, is in deadly earnest about wanting all South Africans who have had more than one sexual partner in the past two years to come forward for AIDS tests.

It is no joking matter, and if the queue stretches from Cape Town to the Hex River Valley, with loved ones staring in astonishment at each other, that does not matter. It is in the interests of combatting one of the scourges of the 20th century.

Dr Barnard also advocates the free dispensing of condoms, not as a means of birth control, but as a preventive measure against the deadly virus. He believes the condom may be the key to halting the spread of Aids in South Africa.

Dr Barnard did not choose his two-year stipulation arbitarily:

"I chose two years as the time-factor because Britian will not allow blood to be donated if the donor has had more than one sexual partner in two years. If Britian feels the threat and spread of Aids calls for those kinds of measures I feel it is a good basis for South Africa as well."

Does he feel South Africans are very promiscuous?

"I would say South Africans are just as promiscuous as the rest of the world because of the advent of birth control pills and a more liberal approach to sex.

"I do not think you will ever change the promiscuous habits that have become part of our lives, so what we need to do is educate the public and advise them of the dangers of promiscuity — especially with regard to the seriousness of the Aids threat.

"I advise condoms as the answer because you will never stop promiscuity.

"Aids is going to the most expensive di ease the world has ev known — if it sprea as fast as predicted.

"It will be expensi not only in the loss lives but in other wa as well...such as tl length of time it tak for Aids to kill; the are hospital fees, r search...all sorts of e penses."

Government slow to respond to Aids — PFP

Political Staff

THE Government has been slow in responding to the Aids threat and should take a clear lead in informing and reassuring the public, says Mr Graham McIntosh, the Progressive Federal Party's deputy spokesman on health services.

"I don't think the South African health authorities are taking the Aids problem seriously enough and I think they might have been bluffed by thinking that Aids is confined to homosexuals," he said in an interview after raising the matter in the Assembly yesterday.

A recent issue of Time magazine ran a cover story entitled "The Big Chill: How Heterosexuals Are Coping With Aids."

It said the "gay disease" was no longer the affliction of drug addicts and homosexuals but was becoming a growing threat to the heterosexual population.

"A lot of people are extremely worried about Aids. There is almost a prevailing hysteria about it, based on a lack of knowledge and compounded by the fact that it is a sexually-transmitted disease," said Mr McIntosh.

Public places

"I think the Minister of Health, and perhaps the State President himself, should make a public statement and give a clear lead to reassure the public."

Mr McIntosh suggested an information campaign with pamphlets and posters displayed in public places and reaching schools countrywide.

"It is important that there is as much publicity as possible about how one becomes infected, what to do if you think you have Aids, how to avoid becoming infected and also what controls and precautions the State is taking."

Mr McIntosh asked how blood transfusion services checked for the disease.

He believed there was "quite an industry in Ladybrand in plasma extraction for export, and they draw their blood supplies from Lesotho".

The public should be told what screening process this blood is subjected to.

He suggested, too, that prisoners, members of the SA Defence Force and any large groups of people should be tested for the disease.

Comeback

Foregn Service, WASHINGTON

THE deadly Acquired Immune Deficiency Syndrome (Aids) is making the once scoffed at condom the darling of the US market.

Sheath sales have rocketed as medical authorities and the US Surgeon-general endorse them as the safest protection from sex-related diseases next to abstinence.

What was once a static contraceptive market has taken off with manufacturers finally beating a blanket ban on advertising, promoting their products now in up-market magazines and newspapers. About 70 local television stations have decided to allow condom advertisements, but the national networks still refuse, leaving such decisions to their local affiliates.

The new sexual revolution

DR tells why the pendulum of sexual
RY BOWES-TAYLOR viour is now in the throes of the most dramatic swing for
more than a century.

Secret files used to get victims fired from their

'Evil' AIDS vendetta

JOBS

Star 21/2/87 (92)

vendetta

GLENDA SPIRO and MARK STANSFIELD

An "evil and malicious" bogus doctor might have gained access to highly confidential files on people tested for AIDS in the Cape Peninsula — and is using the information in an attempt to have them fired from their jobs.

Homosexuals in the Western Cape said this week that their bosses were recently contacted by a "Dr Botha", who claimed to have done AIDS tests on them.

"Dr Botha" told the employers that the men had been diagnosed as positive acquired immune deficiency syndrome carriers, and warned them that their entire staff was at risk.

In Johannesburg, AIDS experts said potential problems could arise from keeping records of carriers of the disease.

Dr Ruben Sher, head of serology at the South African Institute for Medical Research, said there had been no leaks in Johannesburg records so far — "but anything is possible".

"There is a chain of events that the files go through Even though names are coded, they have to be sent to an accounts department, and the names have to be available for counselling."

He did not know how the "crime" of gaining access to identities could be prevented, but emphasised that tight security was kept regarding confidential files.

"This so-called 'Dr Botha' is obviously running a vendetta, but what employers must realise is that there is no medical justification for firing someone who might carry or have the disease"

Dr Dennis Sifris, head of the AIDS clinic at Johannesburg Hospital, said efforts should be made immediately to trace "Dr Botha"

"The implications are awful He should be arrested and hung. He must be insane."

Dr Sifris, who is also the co-ordinator for the AIDS Action Group, which is linked with the Gay Association of South Africa (Gasa), said it had not received any complaints of this kind in Johannesburg

He said files were all under lock and key, or computerised — but admitted that they could be penetrated.

Professor Barry Schoub, director of the South African National Institute of Virology, said the institute confirmed blood tests, but did not know th
of patients

Men in the Peninsula who have volunteered to be tested for AIDS — there are four units — say they were told that information

● To Page 2

Vendetta (92')

21/2/87 ST

● From Page 1

given would remain "confidential".

They said the information in the files would be "dynamite in the wrong hands".

A spokesman for the virology department at Tygerberg Hospital said a known AIDS carrier tested there recently had complained that confidential information about him had been leaked from the files.

Two other victims said information about them had been leaked from files at Somerset Hospital, where they were tested.

They said several other victims had been tested at other places — but "Dr Botha's" information was correct.

The victims were able to convince their bosses that the information supplied by the "doctor" was false and did not conform to known AIDS tests or symptoms.

AIDS experts are puzzled by the leaks, because the confidential information comes from several different locations. Each location, it seems, keeps track of its own patients, and this information is never pooled.

Experts warned that "Dr Botha" might have access to several sources of confidential information.

AIDS experts said the bogus doctor could cause "havoc" because a breach of confidentiality might stop people from coming forward voluntarily to be tested.

A spokesman for the virology department at the University of Cape Town warned that it was in the interests of the future of South Africa that all potential AIDS carriers be tested.

"An evil-doer like this could jeopardise the entire AIDS monitoring and prevention programme," he said. "It's disastrous ... the information is highly explosive to those concerned."

Spokesmen for all four Peninsula AIDS testing units — Tygerberg Hospital, Somerset Hospital, the University of Cape Town's Virology Department and the Western Province Blood Transfusion Services — were adamant that the leak had not come from their files, and gave assurances that information obtained about a suspected carrier were kept under the strictest security.

But Dr Frank Spracklen, of the national AIDS advisory group based at Somerset Hospital, admitted that no system could ever be "100 percent foolproof".

"We use a code system, but any person could link the code number back to a name. No system is foolproof.

"I have been informed that 'Dr Botha' mentioned an AIDS carrier's name recently, and then added that I had diagnosed him as a positive AIDS carrier — yet the person mentioned was never seen by me personally.

Aussies not sure on tour

MELBOURNE — The Australian Rugby Football Union has put an invitation to tour South Africa on "hold"

The union's annual meeting in Sydney decided to wait until after further talks with the government but it is understood the union will ultimately decide not to tour.

An announcement to this effect will probably not be made until after the inaugural World Cup to be held in May and June. — The Star's Foreign News Service

Stalling on an AIDS programme

DIANNA GAMES

AS LONG as homosexuality remains illegal in SA, the fight against AIDS is likely to be hampered by lack of financial support, prejudice and fear. SA's AIDS statistics put it behind many countries in the AIDS "epidemic" but, while statistics of victims increase steadily, government has stalled on the growing threat, apparently waiting for a suitably sized problem before taking action.

The virus claimed only two victims in SA in 1982, when the first recognised case was diagnosed. The number of cases doubled in 1983; the total death toll is now 35.

According to the National AIDS Advisory Group, there are 58 AIDS cases on record, about 600 people could have the milder AIDS-related complex (ARC) and about 6 000 have been infected.

Compared with more than 12 000 carriers in the US and 355 deaths in Britain, SA's problem is still small. But doctors, researchers and the homosexual community — a high risk group — say the intention should be to keep it that way. With no cure in sight, prevention is the priority. It would cost government less to implement a prevention and education plan than to spend thousands on treatment, with death still the inevitable outcome.

"Don't die of ignorance ... protect yourself. Use a condom" shout billboards in the UK, where a government-funded R60m AIDS education programme is under way.

A spokesman for SA's Department of National Health and Population Development said that a statement on government's proposed control plan on AIDS will be released soon.

AIDS Action Group co-ordinator Dr Dennis Sifris said the department was approached in 1985 to endorse the group's programme of awareness and education but refused, on the grounds that sections of the community may be offended. The Department of Health and Welfare also refused to give it a fund-raising number, but gave no reasons. The group has done what it can in terms of budgetary constraints but feels government intervention is long overdue.

In SA to date one pamphlet has been compiled by government — and it is only available on written request.

Several countries have ordered that foreign visitors be tested before being allowed entry. Health authorities at SA's airports have admitted that there is little they can do to prevent the entry of immigrants, travellers and businessmen who may have the disease or be carrying the virus.

Dr Frank Spracklen, spokesman for the AIDS Advisory Group — set up to advise the Department — said attempts had been made to set up clinics, urgently needed, but funding was not forthcoming.

The tracing of sexual contacts of people infected with the virus, whether or not they showed signs of the disease, was critically important in preventing the virus's spread and limiting the numbers who would ultimately die.

Dr Sifris said counselling was also vital before and after testing for the virus. Ignorance had led to most people assuming that, if the AIDS virus was identified, a person would get the disease. But this was true of only 10% of those carrying the virus.

He said virus carriers could even exhibit certain AIDS symptoms, but only a small percentage would suffer a breakdown of their immune systems, the stage at which a person is said to "have AIDS".

Members of the gay community, the group presently most at risk, claim the AIDS problem has led to their victimisation. But several pointed out that, while government was afraid of offending "straight" people with an impactful awareness campaign, about half of the bisexual people in SA were married.

This was a major problem in examining the AIDS problem, as most of such people only indulged in discreet sexual encounters and generally felt themselves to be less at risk. But the end result would be a spreading of the problem into the heterosexual community.

92

AIDS awareness grows

MANDY JEAN WOODS

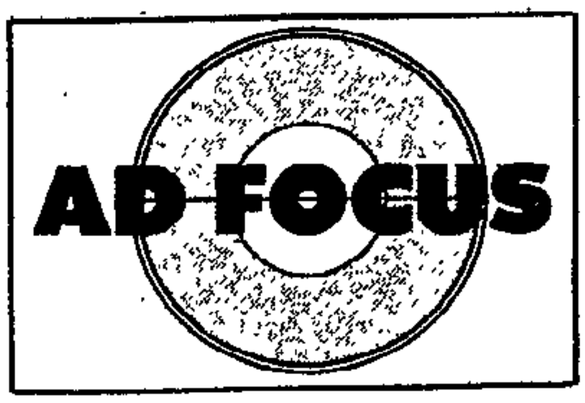
"AIDS: Don't Die of Ignorance", reads a huge billboard in Britain.

The advertisement was part of the £30m AIDS awareness campaign recently launched in the UK — created by the TBWA ad agency.

Hunt Lascaris TBWA MD Reg Lascaris said the first phase of the campaign was educational and infomative and did not shock people to action, while the second phase was aggressive and direct.

The key requirement of the second campaign was to convince individuals they were personally at risk, in order for them to make behavioural changes.

A Gallup poll showed the success of the second campaign in that there was high awareness and recall of the newspaper ads; they were seen by well over two-thirds of the population across all



age groups and social classes; they helped reinforce correct perceptions about sexual transmission and counterbalanced incorrect perceptions about toilet seats, tea cups, shaking hands, etc; and the shifts were most evident among those who claimed to see the ads.

Lascaris said an AIDS awareness campaign for SA was long overdue.

"The power of advertising is that it persuades. You have to keep warning and reminding people to get the message across.

"AIDS is a disease with no known cure, so prevention and awareness are very important. It is not a big problem in SA yet, but the public must be educated before it becomes epidemic," he said.

A recent issue of *Time Magazine* reported: "In Africa, where AIDS campaigns are most needed, they are sadly least in evidence. Because of tribal taboos, societal objections to sexually explicit language and the lack of public communications networks, even medical workers are frequently ignorant about how the disease can spread."

SA reported its first AIDS case in 1982 and 60 cases have been reported to date. Of these, 47 originated in SA. Two cases were reported in 1982, four in 1983, eight in 1984/5 and 21 in 1986. There have been 35 AIDS-related deaths reported so far.

Department of National Health and Population Development medical services director, Dr J H Lombard, said he would would welcome co-operation with media to bring across the whole message of AIDS.

Lombard said the possibility of using AIDS ads in SA was being investigated.

"An advertising campaign would have to be evaluated on a cost-effective basis. Many people don't read ads, so perhaps it wouldn't be worthwhile having a campaign. From our point of view, newspaper articles seem to be more effective."

SA Institute for Medical Research Department of Serology head — and a member of the AIDS Advisory Group — Dr Ruben Sher said SA had an educational-type campaign in the form of scientifically written newspaper articles, radio and television discussions, symposiums for health care workers, and lectures to schools, public service groups and other interested parties.

"An advertising campaign is under consideration. Because AIDS isn't epidemic in SA yet, the money a full-blown campaign would require could perhaps be better spent on campaigns for other diseases like tuberculosis, malnutrition, and heart disease. An AIDS awareness campaign could be directed specifically to high-risk," Sher said.

Fake 'doc': Aids victim?

CNE Trib 23/2/87.

92

By CHRIS ERASMUS

THE "malicious and evil" bogus doctor who has attempted to smear several Capetonians with claims to their employers that they are carriers of the Aids virus may be mentally disturbed — or himself be an Aids victim.

So says Dr Frank Spracklen, of the National Aids Advisory Group, who in the past two weeks has received at least three complaints from employers who have been contacted by a "Dr Botha" naming people he says are carriers of the virus which causes Aids.

"Dr Botha" goes on to say that other staff members and colleagues of his named victims are in grievous danger of picking up the infection.

"He probably moves in the same circles as his victims, and it seems that he may be known to one or more of the people he has tried to smear," Dr Spracklen said. "I can only think that he has some kind of twisted reason for wanting to perpetrate such vicious attacks — perhaps he has the disease and believes everyone else should suffer with him, or maybe he blames others for his condition.

"Of course, it could simply be that he is a very disturbed person."

Meanwhile, more medical experts have spoken out on what they feel must be done to slow the spread of Aids into South Africa from countries to the north.

Dr Marius Barnard, the PFP's health spokesman, said that in addition to all people who suspected that they might have been infected with the Aids virus having themselves tested, the government should declare Aids a notifiable disease.

Doctors are required to inform the Department of Health of all cases of notifiable diseases.

"So far, the government has said making the disease notifiable would not be considered since other sexually transmitted diseases were not notifiable and it was not desirable to drive Aids 'underground'. But Aids is a terminal illness and I think we should be seriously considering the case for notifiability.

"Apart from public and school education campaigns, another thing we should be considering is border controls, which are feasible but which require funding, which is the government's task. Anything we can do to reduce the risk of spreading the infection is a good idea," he said.

Dr Norman Levy, vice-chairman of the Federal Council of the Medical Association of SA (MASA), endorsed a call by the British Medical Association for free and widespread distribution of condoms as part of the fight against Aids.

The BMA said condoms should be available in pubs, petrol stations, supermarkets, colleges, hairdressers, bars, clubs, clinics and medical centres.

Association chairman Dr John Marks said condoms should be used by all sexually active people with a number of different partners because they provided valuable protection against Aids.

The provision of condoms should be backed by education on how to use them efficiently, he said, adding that since the advent of the birth-control pill 15 years ago, young people did not know how to use them.

Dr Levy said he agreed fully with Dr Marks's comments, but said that MASA had not yet taken an official stand on the issue.

Aids fears send Tokyo stocks up

Own Correspondent

LONDON. — The Tokyo stock market has been gripped by Aids fever since Japan's first victim of the disease, a 29-year-old prostitute, died in Kobe last month.

The report of her death sparked a panic and strong surges in share prices of Aids-related issues on the stock market. Several related stocks have more than doubled in prices in the past four weeks.

Mr Toshiro Yoshinaga, a senior analyst with Yamaich Securities, said: "Japanese people thought that Aids was a remote foreign disease, but the death of the Kobe woman and a discovery of a pregnant housewife carrying the Aids virus made it a potential social problem here."

Japanese securities houses list between 20 and 30 Aids-related issues, several of which recorded strong rises.

There have been 26 confirmed cases of Aids in Japan since last March.

(ii) *Depression cases*. Where necessary cases were referred to a Psychologist, Psychiatrist (or both) for treatment. Cases were hospitalised where indicated.

(iii) *Minor complaints*. Including tooth ache, tummy upsets, flue and colds, etc.
Appropriate treatment was administered.

Aids

535. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many cases of aquired immune deficiency syndrome were diagnosed in 1986?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Thirty one (31).

New Brighton: bottle-store

536. Mr A SAVAGE asked the Minister of Defence:

(1) Whether a bottle-store in New Brighton has been commandeered by the South African Defence Force; if so, *(a)* when and *(b)* to what use have these premises been put since then;

(2) whether any persons detained in terms of emergency regulations have been *(a)* questioned and *(b)* held at these premises; if so, (i) how many in each case and (ii) what is the maximum period for which any detainee may be held at such premises;

(3) whether any detainees have been held in the cold-store at this bottle-store; if so, *(a)* how many, *(b)* why and *(c)* for what period was each of these detainees so held;

(4) whether an investigation has been held into this matter; if not, why not; if so, *(a)* what were the findings and *(b)* what action was taken as a result?

The MINISTER OF DEFENCE:

(1) No.

(2) *(a)* and *(b)* Yes.

(i) 289 in both cases.

(ii) It is not specified in the Emergency Regulations.

(3) No.

(4) No, it is not considered necessary.
(a) and *(b)* Fall away.

Necklacing

537. Mr A SAVAGE asked the Minister of Law and Order:

(1) *(a)* How many persons died by "necklacing" in the Greater Port Elizabeth/Uitenhage/Ibhayi/KwaNobuhle area in each month of 1985 and 1986, *(b)* what were their names and *(c)* where did they live,

(2) whether any suspects have been arrested in connection with these deaths; if so, in connection with how many deaths;

(3) whether, in respect of any of these deaths, the South African Police do not suspect political motives; if so, in respect of how many deaths?

The MINISTER OF LAW AND ORDER:

(1) to (3) I refer the honourable member to my reply to written Question Number 15 in the House of Representatives which is suffice.

Schackleton aircraft

538. Mr L F STOFBERG asked the Minister of Defence:†

(1) Whether any Schackleton aircraft were withdrawn from service recently; if so, *(a)* (i) when, (ii) how many and (iii) why and *(b)* (i) how many of these aircraft are there still in the Republic and (ii) how many of them are airworthy;

(2) whether any of the remaining Schackleton aircraft have been placed in storage; if so, *(a)* where, *(b)* how many, *(c)* what does the South African Defence Force intend doing with the aircraft and *(d)* what steps are being taken to prevent (i) the aeroplanes from *(aa)* deteriorating and *(bb)* rusting and (ii) parts thereof being stolen?

The MINISTER OF DEFENCE:

(1) No. The following information is nevertheless supplied.

(a) (i) 23 November 1984.

(ii) 7.

(iii) Metal fatigue on main spars.

(b) (i) 7.

(ii) None. Three of the aircraft could possibly be made airworthy for non-operational purposes.

(2) Yes.

(a) and *(b)* Air Force Base Swartkop—2; D.F. Malan Airport—1; Air Force Base Ysterplaat—3; SA Airways—1.

(c) At present the intention is to preserve three of the aircraft as objects of historical value and to sell or exchange the others for other historically valuable aircraft.

(d) (i) *(aa)* Negotiations are underway to obtain a steel construction covered with shadow netting as a donation, for the protection of the aircraft at Air Force Base Swartkop. The aircraft at D.F. Malan Airport is standing in a hanger. The remaining three are standing in the security area of the Air Force Base Ysterplaat.

(bb) Normal preservation with regard to the three aircraft which could possibly be made airworthy.

(ii) The remaining three aircraft standing at Air Force Base Ysterplaat, have been stripped of all usable parts. These parts together with the parts which were held in stock are being transferred to 11 Air Depot where normal accounting procedures are in force.

Steam locomotives

539. Mr L F STOFBERG asked the Minister of Transport Affairs:†

(1) *(a)* How many steam locomotives belonging to the South African Transport Services (i) were still in service in *(aa)* the Republic and *(bb)* neighbouring states and (ii) *(aa)* had been withdrawn from service and *(bb)* had been placed in storage, as at the latest specified date for which figures are available and *(b)* what types of locomotives in each of these categories form the majority;

(2) whether any of the remaining steam locomotives have been placed in storage; if so, *(a)* where, *(b)* how many, *(c)* what does the Transport Services intend doing with the locomotives and *(d)* what steps are being taken to prevent (i) the locomotives from *(aa)* deteriorating and *(bb)* rusting and (ii) parts thereof being stolen?

Free booklet on AIDS gives information about disease

24/2/87

Medical Reporter

Donors cannot get AIDS by giving blood, says a booklet compiled by the AIDS Advisory Group.

The booklet answers questions such as "What is AIDS?", "How is it transmitted?" and "What are the symptoms?"

AIDS is a disease resulting from an infectious virus entering the bloodstream which attacks cells which defend the body against infections like cancer.

A body infected by the virus is unable to protect itself against a host of disease which normally are not a problem to healthy people, and patients develop unusual infections of the lungs, bowels, nervous system and skin, and seldom survive more than three years.

AIDS is transmitted by sexual intercourse or by blood or blood products from carriers of the AIDS virus. Sex with carriers whether oral, anal or vaginal constitutes a risk.

Drug addicts sharing unsterile needles and syringes with carriers are at risk and haemophiliacs can contract AIDS through blood transfusions.

After a period varying from three months to three or four years infected patients develop symptoms reulting from the virus and are said to have "AIDS related complex" — ARC.

The booklet is available free of charge from: Director General, Department of National Health and Population Development (Liason and Publications), Private Bag X63, 0001, Pretoria.

Govt to counter Aids threat

Clinics to be set up

By CHRIS ERASMUS

CLINICS aimed specifically at dealing with the growing Aids threat are to be set up by the government.

But Aids will not be made a notifiable disease and border checks or tests aimed at preventing the importation of the Aids virus will not be instituted.

Last week top South African doctors dealing with Aids called on the government to set up Aids clinics.

PFP health spokesman Dr Marius Barnard called on the government to declare the disease notifiable and to institute border controls to slow its spread into the country.

Counselling

Yesterday Dr Willie van Niekerk, Minister of National Health and Population Development, told the Cape Times the Aids clinics would provide treatment for people with symptoms of infection, as well as counselling for patients, their families and sexual partners.

They will also help to trace all known sexual contacts of people infected with the Aids virus in a wider effort to limit its spread.

"We've had discussions with some of those dealing with Aids cases, including the Cape Town Municipality, to see what their needs are," said Dr Van Niekerk.

"We are also making the (Aids virus antibody) tests available free at all provincial hospital clinics and will publish a series of booklets to help educate the public about Aids.

"We do not consider it necessary to make Aids, or infection with the virus that causes it, a notifiable disease, as we have a highly confidential central register of all people who are showing symptoms of infection and a list of people who have come up positive to the antibody test," said the minister.

Another step taken by the government was the free distribution of condoms at all family-planning clinics, while condom hand-outs at certain factories had also begun recently.

Reaction to the government's steps was positive.

Dr Barnard last night welcomed the establishment of clinics, which he said were "essential".

"But they are not the end of it — the disease must be very closely monitored. If it shows signs of increasing significantly, it may become necessary to consider border checks or making it notifiable."

City medical officer of health Dr Reg Coogan said: "The minister has taken all practical steps that could reasonably be taken. Now it's up to us to implement them before the disease gets out of hand."

Dr Van Niekerk also said that although Aids represented a serious health threat to the country, it had to be kept in perspective. For instance, tuberculosis was still the single biggest

To page 2

From page 1

health problem facing South Africa, with 45 400 cases and 2 000 deaths reported annually.

"We have been keeping a careful check on all blood products and they are now heat-treated."

Dr Van Niekerk said the government was keeping "very close track" of the international Aids problem through the World Health Organization.

"However, we do not think it is practical to institute border checks or tests for the virus."

□ Meanwhile, a spokesman for the police Public Relations Directorate in Pretoria said yesterday: "As far as the safety of policemen carrying out their normal duties is concerned, all members of the force will be accordingly protected."

An information circular has been sent to every police station in South Africa with instructions to policemen on how to avoid coming into skin contact with bodies to protect themselves from possible infection with the Aids virus.

ARGUS (92
sday February 24 1987 3



Call for Aids tests to have coded labels

Staff Reporter

THE Gay Association of South Africa (Gasa) has called for blood samples for Aids tests to have code labels for extra confidentiality.

A Gasa spokesman was reacting to reports that a "malicious and evil" bogus doctor had tried to smear several Cape Town people. The "doctor" told their employers that they were carriers of the Aids virus and could endanger other employees.

The mysterious "Dr Botha" claimed to have tested the employees for Aids.

The spokesman said Gasa deplored any leak in confidentiality, which could have serious emotional and other consequences.

He said it could be a severe setback to those organisations which were trying to monitor and contain the disease.

The spokesman advised all those in high-risk categories who wished to be tested for Aids to ask their general practitioners or whoever took a blood-sample to label it with a code name.

"We have always been very aware of how crucial confidentiality is to anyone diagnosed as having Aids or being a carrier of the virus," he said. "All our counselling of victims is on a first-name or anonymous basis. We do not keep files or records of names."

Dr Frank Spracklen of the National Aids Advisory Group said he supported any attempts to tighten security. However the disadvantage of code-labelling was that it was not possible to tell if the same person had been tested at two institutions.

Stick to one lover and avoid AIDS

25/2/87 Sowetan

SOWETAN
Africa News Service

GABORONE — "Stick to one partner", that is the advice that Radio Botswana is now giving to Botswana citizens as part of a government campaign to curb the spread of AIDS.

The advice is being broadcast in Setswana and according to a government spokesman, there are plans to issue pamphlets, posters, bumper-stickers, T-shirts and newspaper advertisements alerting the public to the dangers of the disease.

Fatal

A spokesman for Botswana's health services said so far there has been only a few cases of the incurable disease in the country.

"The government has disclosed that there are nine cases of AIDS in the country. In addition there were two other fatal cases," the spokesman said.

The first two cases of AIDS were detected in March last year, one in Gaborone and the other in Orapa.

Foreigner

Two weeks ago the last two cases were detected and one of them is a foreigner.

It is understood that one of the fatal cases was also a foreigner.

The Botswana health authorities have started "blood screening tests" at the Princess Marina Hospital in Gaborone to detect any possible AIDS carriers among patients and the same measure will soon be introduced at the Francistown Hospital.

Aids: rescue teams in gear

DURBAN — Every possible precaution is being taken by the Natal Ambulance and Emergency Medical Services to protect its employees from contracting Aids by accidental contact.

This follows the exposure of six Cape Town emergency workers to infection while removing a body from Chapman's Peak.

The head of the Natal services, Dr John Keenan, said he was aware of what had happened in Cape Town and had discussed the issue with the chief of the Cape Emergency Services, Dr Alan McMahon.

"We are taking whatever precautions that we can.

"If our paramedics follow the full protocol for standard viral diseases then there is little chance of infection," he said. — DDC

Bank Limited is authorised to announce that the listing of the ordinary shares

26/2/87
Cape Times
(92)

61 Aids cases in SA, says minister

By CHRIS ERASMUS

THERE is cause for concern over the Aids threat to South Africa, even though the number of cases in the country is still relatively low, Minister of National Health and Population Development Dr Willie van Niekerk has said.

The reason for the concern was "the mere presence of the virus and the fact that the number of virus carriers significantly exceeds the actual number of Aids sufferers", the minister said yesterday in a detailed explanation of the government's efforts to control the spread of Aids.

He said that up to February 23 this year there had been 61 cases of full-blown Aids reported in South Africa, of whom 48 were South Africans.

"All the South Africans were European men, 43 of whom were homo- or bisexual, one had had heterosexual contact in Central Africa. In two cases the virus was transmitted by blood-transfusion (before testing of blood for transfusion was available) and in two cases by blood products received from overseas," the minister said.

32 deaths

In all, 32 South Africans have died from Aids, he said. There have also been at least three non-South African deaths.

Medical experts dealing with the disease have estimated that about 600 people in South Africa have developed the milder and usually non-fatal Aids-Related Complex (ARC), while about 10 times that number were suspected of having been infected by the virus.

Until recently it was believed that only 10% of infected people went on to develop the invariably fatal full-blown form of the disease. But that estimate has been revised to up to half of all infected people. Some overseas medical experts have voiced concern that virtually all infected people would eventually develop Aids, given enough time.

However, Dr Van Niekerk said the number of Aids cases and deaths were still relatively low, compared with other major infectious diseases affecting South Africans. In 1984 alone, there were 4 420 cases of malaria and 17 deaths, 14 892 cases of measles and 239 deaths, 54 441 cases of TB and 2 032 deaths and 5 623 cases of typhoid fever and 71 deaths.

The minister said the control of Aids now rested entirely on the prevention or restriction of exposure to the virus. To this end a series of measures had been taken, which include:

- ☐ Screening all blood donations, discouraging high-risk individuals from donating blood and heat-treating certain blood products to ensure their safety.
- ☐ Educating the general public about Aids, its dangers, methods of transmission and how to avoid exposure to the virus.
- ☐ Keeping a confidential list of all Aids cases, along with an anonymous record of the number of people exposed to the virus.
- ☐ Tracing people believed to be infected with the virus, as well as monitoring the extent of the virus in the community.
- ☐ Sophisticated treatment of Aids cases and protecting health workers from the risk of becoming infected with the Aids virus.
- ☐ Research into the nature of the disease and methods of improving the handling of patients.
- ☐ Instituting an Aids action plan under the guidance of the National Aids Advisory Group, and co-ordinating all anti-Aids measures under an action group within the minister's department.

32 have died so far in SA from AIDS

Own Correspondent

AIDS had claimed the lives of 32 South Africans so far, Health Minister Dr Willie van Niekerk said yesterday. Of 61 cases diagnosed up to February 23, 48 were South Africans.

All were white men, 43 of whom were homosexual or bisexual. One had had heterosexual contact in Central Africa, two were victims of blood transfusions and two cases were the result of blood products received from overseas.

No safe, effective vaccine or curative agents were available at present, Van Niekerk said.

SA's incidence of the virus was low compared with the US — 1,4 per million against 140 per million.

AIDS control rested at present exclusively on preventing or restricting exposure to the virus, he said.

Facilities for screening tests had been set up in main centres, and anyone who felt he might belong to a high-risk group could report to a medical practitioner, clinic or hospital out-patients department for free tests.

Research was in progress and measures such as declaring AIDS a notifiable disease and testing visitors from high-risk areas had been considered.

SOUTH AFRICAN FILM AND THEATRE UNION

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Fears of AIDS from chalice

IT IS 'unlikely' that a person can contract AIDS from a common Communion cup, Dr Ruben Sher, head of the S A Institute for Medical Research, said yesterday.

'But at this stage we cannot be 100% sure about this.'

Dr Sher was responding to concern expressed yesterday by some Anglicans who said they were afraid of contracting the disease from Communion cups which are shared by an entire congregation.

As far as he knew the amount of virus in saliva was probably not sufficient to cause infection. But, Dr Sher said, it was better not to take any chances.

'In England I believe they are taking steps not to have one Communion cup. Unfortunately there are no clear-cut solutions and it should be left to the individual to decide what to do.'

The Rt Reverend Michael Nuttall, Anglican Bishop of Natal, pointed out that the chalice was wiped with a cloth after each person had drunk from it. — (Sapa)

AIDS — FEAR OVER WINE CUP

Sowetan 26/2/87

92

SA Press Association

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"But at this stage we cannot be 100 percent sure about this."

Dr Sher was responding to concern expressed yesterday by some Anglicans who said they were afraid of contracting the disease from communion cups which are shared by an entire congregation.

Saliva

He said there had been documented cases of AIDS transmitted by saliva, and there had also been no cases of people catching AIDS from a communion cup.

As far as he knew, the amount of virus in saliva was probably not sufficient to cause infection. But, Dr Sher said, it was better not to take any chances.

"In England I believe they are taking steps not to have one communion cup. Unfortunately there are no clear-cut solutions and it should be left to the individual to decide what to do.

"People who are high risk, such as homosexuals and haemophiliacs, should perhaps not participate in communion."

The Rt Reverend Michael Nuttall, Anglican Bishop of Natal, said a few people were of the opinion that there was risk in drinking from the same chalice.

He pointed out that the chalice was wiped with a cloth after each person had drunk from it.

26/2/87

Appeal to general

Sowetan 160 167

MASERU — Leaders of five political parties in Lesotho have appealed to the military government of Major General Metsing Lekhanya for all political parties in the country to be represented in the government's proposed advisory council, SABC news reports from Maseru.

In a statement released today the leaders of the five parties said the parliament of nominated members should be formed to prepare the country for the return to civilian rule and that a general election should be held within twelve months.

32 have died so far in SA from AIDS

26/2/87 b/law 92

Own Correspondent

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No safe, effective vaccine or curative agents were available at present, Van Niekerk said.

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AIDS control rested at present exclusively on preventing or restricting exposure to the virus, he said.

Facilities for screening tests had been set up in main centres, and anyone who felt he might belong to a high-risk group could report to a medical practitioner, clinic or hospital out-patients department for free tests.

Research was in progress and measures such as declaring AIDS a notifiable disease and testing visitors from high-risk areas had been considered.

AIDS rumours scotch African tourism

THE head of the World Health Organisation in Africa, Dr Gottlieb Monekosso, says the economies of some African countries are being threatened because tourists are frightened off by unreliable and unverified stories about the spread of the disease, AIDS.

The Congo-based regional director said that AIDS was a serious problem in 10 African countries, but it was people who lived life "beyond the ordinary" like prostitutes, drug abusers and homosexuals and those who generally liked excitement who were at risk.

Problem

Any bona fide tourist to Africa interested in the continent's wonderful scenes should have no difficulty, said Dr Monekosso. He said AIDS did not exist in Africa or anywhere else before 1980 despite claims that a virus resembling AIDS virus had been identified in Africa before then.

He said the WHO office was not concerned about the origins of AIDS but how to combat it.

"The world should avoid setting up barriers between peoples, countries and races because of AIDS," he said. "This is irresponsible and based on unverified and unreliable information that is threatening the economies of some countries in Africa."

Until about two years ago, the disease had been a problem in only three or four African countries. It had followed the main international air travel routes.

Without exception all African countries were now concerned about the spread of the disease and were joining the World Health Organisation in strategies it had set out to fight the disease vigorously.

NATIONAL/INTERNATIONAL

32 died of Aids in SA

Mercury 26/2/92

Staff Reporter

THIRTY-TWO South Africans out of 61 cases diagnosed have died of Aids, the Minister of National Health and Population Development, Dr W van Niekerk, has disclosed.

The incidence in South Africa was 1,4 cases in a million, which compared favourably with America's 140-a-million.

In a lengthy statement on the disease and measures being taken to combat it, Dr van Niekerk said that although the incidence of Aids in South Africa was relatively low, there was cause for concern because of the mere presence of the virus and because the number of carriers significantly exceeded the number of sufferers.

Exposure

The control of Aids, for which there was no known cure or effective vaccine, rested exclusively on prevention or restriction of exposure to the virus, he said today.

Measures taken included:

- Screening all blood donations and discouraging high-risk individuals from donating blood;
- Heat treating certain blood products to ensure their freedom from the virus;
- Educating the public about the disease, its dangers, how it was transmitted and how to avoid exposure; and
- Case finding through screening tests at facilities in main centres throughout South Africa.

Lifestyles

The aim was to influence the public to change dangerous lifestyles and to limit exposure.

Directives had been drawn up for health workers on procedures to be followed to protect them from Aids and other diseases, Dr van Niekerk said.

A confidential national register of Aids cases was maintained by the Aids Advisory Group and attempts were made to record the number of individuals exposed to Aids.

People who tested positive for Aids would be counselled by doctors or referred to special centres and patients' cooperation would be sought in tracing sexual contacts.



Consideration had been given to other measures such as declaring Aids a notifiable disease and testing people entering South Africa from high-risk areas, but international opinion was that such measures were difficult to enforce and of limited value in controlling Aids.

Alarming rise in new VD cases

Weekend Post Reporter

CASES of sexually transmitted diseases (STDs) are increasing at an alarming rate in Port Elizabeth.

Compared with about 2 500 new cases of TB recorded every year, approximately 20 000 new cases of STDs are now being treated at municipal clinics every year, according to Dr A C Bradley, Acting Medical Officer of Health for the city.

And doctors say a key reason for the rapid increase of venereal diseases like gonorrhoea has been the easy availability and widespread use of the Pill since the early 1960s.

Dr Bradley, who is also in charge of clinical services, said another reason for the upsurge was the advent of antibiotics, which had made it easier and quicker to cure the diseases.

During the past 13 years the number of cases of STDs treated at municipal clinics had increased from 6 500 in 1974 to just over 19 500 at the end of June, 1986. A further increase was evident for this year.

"Those figures only touch the tip of the iceberg because this does not include cases which never come to our clinics or sufferers treated by private practitioners," he said.

The Aids scare had led to a steady demand for condoms at municipal clinics, and this could reduce the spread of STDs.

PE Aids shock: four have virus

28/2/87
@ W/E Post

By COLIN URQUHART

FOUR people in Port Elizabeth have been found to be carrying the Aids virus, ARC (the Aids related complex).

This has been disclosed by the Medical Director of the Eastern Province Blood Transfusion Service, Dr Alexander Alberts.

He announced on January 26 that he knew of one case of ARC Then this week he told a Port Elizabeth symposium on Aids that there were three such cases

But in an interview with Weekend Post yesterday he said the known number was now four.

Dr Alberts said one case of a carrier of the disease was discovered when a blood donation was made



Dr ALEXANDER ALBERTS says there are at least four people in Port Elizabeth with the Aids related virus, ARC.

The donor carried the ARC virus and the disease might not progress beyond that. The carrier was healthy in all other respects

The other three cases were from found during checks made on the general population (not donors).

Of the four, only one was known to be in poor health.

He could not confirm if the person was receiving treatment as this was of a "confidential nature".

He said it was estimated by the medical profession that 30% of all Aids virus carriers could develop the full blown Aids (acquired immune deficiency syndrome) and die.

Dr Alberts told the symposium that those among the small but well organised "gay" community in Port Elizabeth who had voluntarily come forward for testing, three had been identified as carrying the Aids virus.

The symposium, attended by about 100 people, was also told there had been a massive attempt to restructure society's moral conduct over the past five years. In fact, the sexual revolution had been stopped in its tracks as a result of Aids.

The disease, which has swept across the world since 1979, was affecting the very fabric of society, said one of the other four speakers, Dr J Garisch, a specialist physician

There had to be a more open, honest discussion between partners on the subject of sex, he said.

Dr Alberts stressed that the best way to combat Aids, for which there was no cure at present, was through mass education and precautions.

Delegates were told among other things.

- "Wet kissing" was safe as long as people were not bitten by an Aids carrying partner.
- Ticks and mosquitoes do not carry the virus and there was no danger from toilet seats.
- Promiscuity was "out" and monogamy "in".

The condom would, he predicted, be back in vogue Although it was not 100% safe, it gave far greater protection if used correctly.

The symposium was also told that moves were afoot in South Africa to set up a specialist advisory panel to help doctors treat Aids patients.

Dr Garisch said people would have to change their lifestyles in order to contain and prevent the spread of Aids.

The only hope of a cure was in the discovery of a vaccine.

Apple a day for shapely Tracy



An apple a day does wonders for TRACY WYLIE'S health and figure. Tracy, 17, a matric pupil, wards off the heat and humidity by cooling off in the sea. She is also helping to reduce the bumper 1,9 million cartons of apples expected to be kloof this season.

Bowie takes AIDS test

LONDON—British singer-actor David Bowie said yesterday that he had been tested for AIDS and he urged others to follow his example.

(92) WM 2/13/87

'I have taken an AIDS test,' said Bowie, who was in London to promote his impending six-month, 100-city concert tour. 'I would take an AIDS test every time I change a partner, and I suggest everybody take an AIDS test if they change partners.'

Bowie, 40, called AIDS 'one of the most frightening diseases that this planet has ever faced'. — (Sapa-AP)

Pentagon AIDS tests show up 3 000 cases of exposure

SMAR 2/3/87 (92)

WASHINGTON — Pentagon testing for AIDS has turned up more than 3 000 men and women, including about 2 100 active-duty personnel, who have been exposed to the deadly disease, military sources say.

The Defence Department, which already runs the most extensive AIDS testing programme in the world, is now debating whether testing should be extended to civilian employees, the sources add.

The Army, which oversees all military research into AIDS, has joined Pentagon manpower executives in pushing to extend the testing at least to civilian workers deployed overseas.

But this is opposed by the Pentagon's office of general counsel and some health officials.

The internal Pentagon debate comes on the heels of public controversy over the extent to which AIDS screening should be pursued in the civilian world.

Some health professionals have suggested mandatory testing of hospital patients, pregnant women and engaged couples, although such suggestions were criticised at a special forum sponsored by the Centres for Disease Control in Atlanta.

The new figures on Pentagon testing were compiled last week. The Pentagon now routinely reports AIDS screening results for new recruits. But the department has yet to give results on the testing of men and women already on active duty, despite more than a year of testing.

According to the sources, however, the Army, Navy, Air Force and Marine Corps have now tested almost 1,3 million of the 2,1 million men and women on active duty. Some 2 100 tested positively for exposure to the disease.

Those results, when combined with recruit testing figures, show the Defence Department programme has identified more than 3 000 cases of exposure. The Pentagon announced in December that 976 of 641 220 recruits had tested positively.

The discovery of 2 100 active-duty "positives" translates to an incidence of about 1,6 cases per 1 000 individuals tested — about the same as the 1,5 cases per 1 000 among recruits.

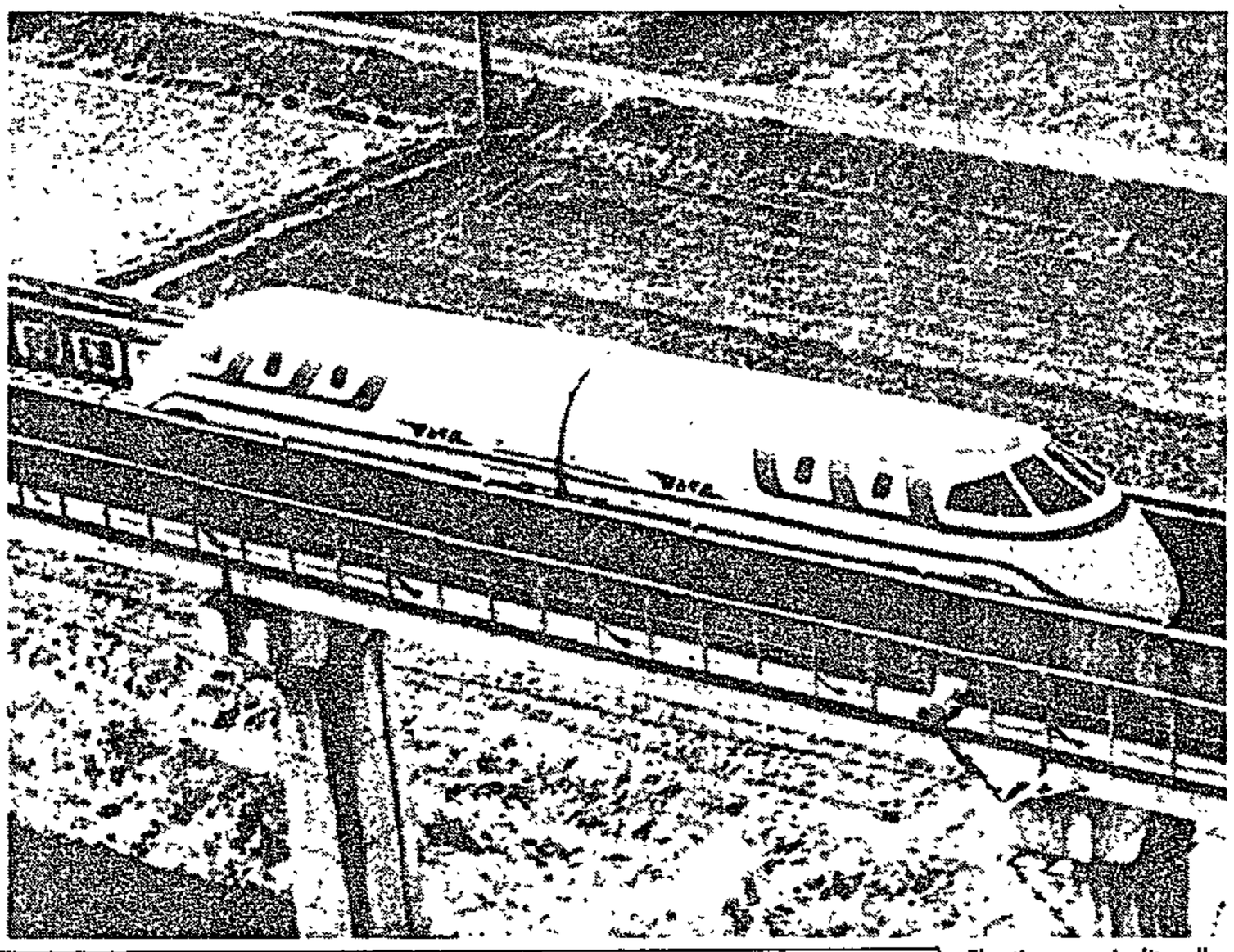
Assuming that trend continues, the Pentagon can expect to identify at least another 1 000 cases of exposure by the time it completes active-duty testing, the sources noted.

Recruits who test positively are denied entry to the military, but active-duty personnel may remain on duty as long as they show no signs of the actual disease.

Most American victims of AIDS — Acquired Immune Deficiency Syndrome — are homosexuals, intravenous drug users and people receiving tainted blood transfusions.

However, there is evidence the disease is spreading to the general population.

Health officials estimate that between 1 million and 1,5 million Americans have been exposed to the virus. — [illegible] later Press.



Floating on air, literally, to a rail speed record. Japan National Railways experimental linear car MLU 001 speeds up during a trial last week to 400,8 km/h, breaking the previous record of 355 km/h.

Crocodile shook me like a rat, says bitten fisherman

HARARE — Zimbabwean farmer Mr Gustav Kietzmann has described how he clung to a petrified tree in Lake Kariba as a large crocodile took a bite out of his thigh and "shook me like a dog shakes a rat".

Mr Kietzmann (35) was spearfishing a week ago use the speargun.

"I grabbed for the tree and he grabbed me. He shook me like a dog shakes a rat. It was very painful I thought I was going to die."

The crocodile took a chunk out of Mr Kietzmann's leg as he hauled himself up the tree, then lake to the town of Kariba, then drove 360 km to hospital in Harare.

Mr Kietzmann, who lives with his wife and two children on a farm near the town of Chegutu central Zimbabwe, said he and his two fishing friends have decided to quit spearfishing.

Alcohol is blamed for brain drain

LONDON — Australian scientists believe they have proof that heavy drinking shrinks the brain, according to a recent report in the *British Medical Journal*.

Calf your name with pride, sir



AIDS shock

4/3/87 Sowetan 12

A STUNNING 40 percent of a group of Johannesburg male homosexuals tested carried the AIDS virus — while the dreaded disease was not found in any of the city's female prostitutes.

This emerged at a Press conference held by the AIDS Advisory Group in Pretoria yesterday. — Sapa.

CAPE TIMES 4/3/87 (92)

2 000 Cape gays Aids bearers?

By CHRIS STEYN

AT LEAST 2 000 homosexual men in the Peninsula are carriers of the Aids virus, while 40% of male homosexuals in Johannesburg are now believed to be infected with the killer virus.

But the virus has not been found in prostitutes tested in either city.

The Aids Advisory Group (AAG) yesterday disclosed in Pretoria that 40% of a group of about 500 homosexual men tested in Johannesburg were found to be carrying the virus.

And in Cape Town, Dr Frank Sprackeen, of the AAG, confirmed that at least 0% of a group of about 220 homosexual men tested here, carried the virus. But it s estimated that there are at least 20 000 omosexual men in the Peninsula, bringng the total number of suspected Aids irus-carriers in Cape Town to 2 000.

In sharp contrast, only 0,006% of Cape own's heterosexual population was ound to carry the Aids virus, following ests done on prospective blood donors.

So far none of the city's prostitutes — who were tested at clinics for the treatment of sexually transmitted diseases — has been found to carry the virus.

But a study of prostitutes in Washington, DC, shows that street-walkers may be a "significant reservoir" for the Aids virus, researcher Dr Robert Delapenha, of Howard University Hospital, told a gathering of microbiologists in Washington this week.

Dr Delapenha presented the study findings at a meeting of the American Society of Microbiology.

He said that of 26 prostitutes tested in Washington, 13 of them tested positive for the Aids antibody, indicating exposure to the virus.

Three also tested positive for a related virus that has been linked to one form of leukaemia, Dr Delapenha said.

In Pretoria, AAG chairman Prof J Metz said the South African health authorities were trying to prevent Aids from becoming the "tremendous problem" it had the potential to be.

Sixty-one Aids cases, including 48 South Africans, were diagnosed in South Africa up to February 23 this year.

LONDON. — Zurich Life Insurance will ask all batchelors over the age of 23 seeking large life polices to specify their "sexual orientation" — because of the spread of Aids.

They will also automatically face medical screening and admitted homosexuals will be asked to undergo blood tests before the company considers granting policies.

The company has become the first major group in Britain to question some prospective clients about their sex lives.

The group's manager, Mr John Ravenscroft, declined to say what size policies would warrant the sexual screening. He said the group had specified 23 because this was when, according to their studies, most people got married.

Zurich's move is expected to set a precedent for many other insurers concerned about the Aids danger.

The number of cases has roughly doubled every year since 1982, and 38 people have died of Aids to date.

There is as yet no cure for Acquired Immune Deficiency Syndrome, although microbiologists the world over are working on ways to counter the killer virus, called Human Immuno-deficiency Virus (HIV).

Asked whether the authorities would launch a drive to promote the use of condoms, as was being done in anti-Aids campaigns abroad, the chairman of the Department of National Health's Aids action group, Dr G Watermeyer, said it was not clear what protection the sheaths offered.

Aids expert Dr Ruben Sher said he did not want to "rush into taking pictures" of condoms for advertising purposes.

However, overseas Aids experts are unanimous in advocating the use of condoms to prevent picking up the Aids virus.

AAG members said they opposed the publication of Aids sufferers' names, when asked whether this would not protect the public.

Prof Metz said Aids had not hit South Africa as hard as other countries because of the country's geography, less migration, fewer intravenous drug abusers and because "the number of South African homosexuals may be lower than in countries as, say, Australia".

The Department of National Health and Population Development has produced a booklet on Aids, which is obtainable free of charge from the department.

● Dr Delapenha conceded that the study he conducted with Dr Winston Frederick of Howard University was small and, "from this small series it is difficult to draw any firm conclusions".

"Street prostitutes may be a significant reservoir for the Aids virus," the American Society of Microbiology said in a summary of Dr Delapenha's report.

Dr Delapenha said most of the prostitutes were intravenous drug abusers and showed evidence of immune deficiency, although there was no significant difference in immune deficiency between those who were positive for the Aids antibody and those who were not.

He said use of condoms by the prostitutes' partners was irregular and uncommon.

Stunning number of Aids carriers among Rand's male gays

JOHANNESBURG — A stunning 40% of a group of Johannesburg male homosexuals tested carried the Aids virus — while the disease was not found in any of the city's female prostitutes.

This emerged at a Press conference held by the Aids Advisory Group in Pretoria yesterday.

AAG chairman Professor J Metz said the South African health authorities were trying to prevent Aids from becoming the "tremendous problem" it potentially was.

Sixty-one Aids cases, of which 48 were South Africans, were diagnosed up to February 23 this year in SA, the conference was told.

The number of cases have roughly doubled every year since 1982, and 32 South Africans have died of Aids to date.

There is as yet no cure for Aids, although microbiologists the world over are working on ways to counter the killer virus, called Human Immuno Suppressive Virus.

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The Department of National Health and Population Development has produced a booklet on Aids, which is obtainable free of charge from the department. — Sapa

Cause for concern over AIDS, says Minister

By Claire Robertson, Pretoria Bureau

Not one of 1 200 prostitutes tested for the AIDS virus in the Johannesburg area was found to be affected by the killer disease, spokesmen on AIDS revealed in Pretoria yesterday.

But it was estimated that between 20 and 40 percent of homosexuals in Johannesburg and Cape Town carried the Human Immuno-deficiency Virus (HIV), the cause of AIDS.

And 5 000 people in South Africa could be affected with the virus although they showed no symptoms, AIDS Advisory Group chairman Professor J Metz said.

This was based on the formula of 100 affected people for every AIDS case and, among South Africans, there had been 48 cases.

A statement released by the Minister of National Health and Population Development, Mr Willie van Niekerk, said there was cause for concern because the number of carriers of the virus "significantly exceeds the number of AIDS sufferers".

Including foreigners treated in South Africa, 61 cases had been diagnosed up to February 23 this year. Thirty two had died from the disease but this incidence of 1,4 per million "compares favourably" with the 140 per million in the United States, the statement said.

There was no evidence that the virus was transferred by accidental contact.

South Africa had not set aside extra funds to treat the disease and publicise it, a spokesman said. It was dealt with in the total R100 million budget for the control of communicable diseases. Local and provincial authorities also worked at treating and publicising it.

'More effective than preachers'

Medical Reporter

AIDS has done more to change the lifestyle and sexual habits of people than all the preachers in the world, Dr Ruben Sher, head of AIDS research at the Institute for Medical Research, said in Johannesburg yesterday.

He told a symposium of nurses and paramedics he wanted to dispel some of the myths, misconceptions and hysteria associated with AIDS.

Sexual fidelity and the condom, jokes of the permissive '70s, must be taken seriously.

"Pregnant women infected with the AIDS virus (HIV) should be offered an abortion.

"Pregancy induces AIDS-related opportunistic diseases in 60 to 65 percent of carriers.

"AIDS cannot be transmitted through dry kissing or hugging an AIDS sufferer."

Risk 'no more than normal'

By Joe Openshaw, Medical Reporter

There have been no documented cases in South Africa of health care workers involved with AIDS patients having contracted the disease, the chairman of the AIDS Action Committee, Dr Denis Sifris, said at a mini-symposium on AIDS in Johannesburg yesterday.

He told health care workers from private hospitals in Johannesburg and Pretoria the risk in providing hands-on care to AIDS patients was no greater than in caring for any other sick patient.

"Simple infection control precautions to isolate the infection agent and not isolate the patient is what is needed," he said.

Dr Sifris said medical and ethical considerations did not allow anyone to divulge any information or issues of sexual preference relating to a patient to work associates, the media or even members of his family without his permission.

He said AIDS could be prevented by advocating stable and mutually faithful relationships or at least reducing the number of sexual partners.

AIDS — NO REASON TO PANIC

4/3/87 BDay

GERALD REILLY

92

THE incidence of AIDS in SA was no reason for panic, but a greater public awareness of the disease was needed, the Department of Health's action group chairman, Dr G S Watermeyer, said in Pretoria yesterday.

He said ignorance stood in the way of defusing the threat, which was why a comprehensive education programme was vital.

Health Minister Willie van Niekerk said up to February 23, 61 cases, of which 48 victims were South Africans, had been diagnosed. All the South Africans were white males and 43 were homo- or bi-sexuals. Up to now 31 South Africans had died from the disease.

He said the incidence in SA was 1,4 a million, which compared favourably with America's 140 a million. However, carriers of the virus in SA significantly exceeded the number of AIDS sufferers.

Van Niekerk said sexually transmitted diseases, including AIDS, formed a relatively high percentage of all infectious diseases. A confidential national anonymous register of AIDS cases was maintained by the AIDS Advisory Group. Facilities for screening-tests had been set up in main centres and high risk groups should make use of them.

Watermeyer said the problem was far greater than believed by the man in the street. In fact, a crossroads had been reached in the approach to the disease.

Dr Ruben Sher, of the SA Institute for Medical Research, said none of a group of 100 Johannesburg prostitutes examined was found to be infected with the virus.

Aids catastrophe can be prevented, says professor

ARGUS 5/3/87

Staff Reporter

IF Aids was tackled with calm and integrity a catastrophe could be prevented in South Africa, said Professor Deon Knobel, head of forensic pathology at the University of Cape Town.

Professor Knobel was addressing a packed lunchtime audience yesterday at a general discussion on the disease organised at the Civic Centre by the Institute of Public Health.

He said that if people were properly educated on Aids and hysteria was avoided, South Africa could "change disaster into a human achievement."

There was no cure or anti-viral drug for Aids — only prevention. This could be achieved by "discreet sexual practices".

SAFE SEX

"Rather practise safe sex to prevent the spread of Aids and the risk to yourself." Only "saints" went so far as to refrain from intercourse altogether, he said.

Professor Knobel said Aids was not a "gay" disease — it was sexually transmitted.

There was no evidence that Aids could be infected by casual conduct. "It is not spread by travelling on the same buses as Aids victims or by using the same toilets, for instance."

There had been 11 Aids cases in Cape Town, six of which had been fatal. South Africa had had 61 Aids cases diagnosed since the first in August 1982.

"The Press can and has played an important role in making people aware but, unfortunately, Aids is not always reported sensibly and correctly.

Apart from the Press, high ethical standards and integrity were needed by the State, doctors, the public, patients and health-care workers to fight the disease.

APPROVED

● The Argus Foreign Service reports from London that the government has approved the use of the drug zydovudine (AZT) for Aids patients in Britain.

The Committee on the Safety of Medicines recommended that the drug, which will be marketed as Retrovir, should be granted a product licence and the government accepted the advice.

The decision means that Aids victims and those with Aids-related conditions may be offered the drug by hospital specialists. Retrovir prevents the Aids virus from reproducing and has been been shown to prolong life and improve the life of some patients.

But it is not a cure and does not prevent people from becoming infected with the Aids virus. It is said to have side-effects.

Retrovir can now be marketed in Britain by the Wellcome pharmaceutical company, which developed it. The company says it hopes to help 10 000 victims worldwide.

It is likely to cost about R400 for 100 pills.

● **Expert to give lectures, Page 8.**

Red-faced listeners took the wrong turn

By ROBERT HOUWING
Staff Reporter

IF YOU attend a public meeting at Cape Town's Civic Centre on the Foreshore, make sure the directions given to you by the friendly information staff are correct.

What was meant to be a general information address on Aids yesterday by Professor Deon Knobel, head of forensic pathology at the University of Cape Town, turned out to be a Christian fellowship meeting interrupted by a handful of baffled delegates — including me.

"Over there," advised a woman at the information booth, pointing to the door of a theatre.

TIP-TOED

We walked in. For an issue as pressing and pertinent as Aids, the lunchtime attendance seemed surprisingly poor — about 15 people, in fact.

We tip-toed in, nodding apologies for our lack of punctuality, while the bearded gentleman we thought was Professor Knobel carried on with his talk.

For the minute we were there, the topic seemed a trifle off the point, and the confusion mounted when we noticed a Bible in the earnest speaker's hand.

"For those of you who are interested," he interrupted suddenly, "this is a Christian fellowship meeting — the lecture on Aids is next door.

"But you are welcome to stay, as we will be praying for all sinners."

Red-faced, we rose from our seats and shuffled out. We opened the correct door and faced about 200 people.

Cape Times 5/3/87

Compulsory Aids testing would 'cost too much' 92

By HILARY VENABLES

COMPULSORY testing for Aids among people in high-risk categories would cost so much in terms of money and human misery that it was not a viable way to combat the disease, the head of UCT's forensic pathology department, Professor Deon Knobel, said yesterday.

Addressing a packed lecture hall in the Cape Town Civic Centre, he said that only in special circumstances, where patients exhibited symptoms of the disease, or were women intending to bear children, or were donors of blood or organs, should they be tested as a matter of course.

People who had contracted the disease needed compassion and their cases should be treated with complete confidentiality by doctors, he said.

People could protect themselves from the disease by abstaining from sex, or having a monogamous relationship with someone who was not infected.

But everybody who had a number of sexual partners was at risk and should take precautions.

AIDS claim is untrue, says Sher

GERALD REILLY

THE claim that 40% of Johannesburg's male homosexual population was infected with AIDS was totally inaccurate, Dr Ruben Sher, of the SA Institute for Medical Research, said yesterday.

He said since the start of 1983, 621 homosexuals suspected of having AIDS had been referred to the institute.

Some had gone voluntarily. Others had been referred by hospitals and doctors because they showed some of the symptoms associated with AIDS. It was found that 253 of them — 40,7% — had positive anti-bodies which meant the virus was present.

Dr Sher said: "It's important to stress, however, this was a highly selective group of homosexuals. We still have not carried out a random survey among the city's homosexuals."

And, he said, without a random survey it was impossible to say what percentage of the city's homosexuals was infected. However, it was extremely unlikely the percentage would be anywhere close to 40%.

Relly urges private sector to assist

'Up black enrolment at varsities'



● RELLY

THELMA TUCH

THE private sector should assist universities financially to increase their admission of black students, because government had made it clear it was unable to fund this growth, Anglo American chairman Gavin Relly said last night.

He was addressing guests of the Unisa Foundation, at a function at the Carlton Hotel in Johannesburg, on "Education for the New South Africa".

Student numbers at universities must be increased to prepare for the challenges of a freer society and to take account of SA's burgeoning population growth.

But government had advocated restricting admissions to "white" universities, and it was therefore incumbent on the private sector to fund the growth of universities, particularly Unisa, Relly added.

"Naturally we cannot take over the responsibility of the State in subsidising universities, but we must assist as far as possible," he said.

Universities must review their expenditure constantly and ensure they are run as efficiently as possible.

They must also ensure their relevance in a rapidly changing society, he said.

A great challenge to universities was to improve the standard of education of black teachers — 68% of whom (about 80 000 teachers) had no more than a standard 8 certificate plus a two-year teacher's certificate.

"If our increasing population does not receive the best schooling possible, it will not be able to contribute fully to the process of generating more employment opportunities," Relly added.

'Go and cut your wrists'

92

Sunday Times Reporter: London

A DOCTOR may be reported to the General Medical Council for professional misconduct after allegedly refusing to treat an AIDS patient.

The Terrence Higgins Trust, the charity which advises AIDS patients, said a Dundee doctor told a woman who took drugs and was suffering from AIDS: "You can go and cut your wrists because I'm not going to do anything for you."

A spokesman for the trust said: "Sadly that is exactly what she did. Fortunately she recovered but she still bears the scars, both physical and emotional."

Million could die in Africa in decade, report warns

By NORMAN ELLIS: Nairobi

THE Acquired Immune Deficiency Syndrome (AIDS) is sweeping virtually unchecked through Africa, threatening over the next decade to kill more than 1-million people, according to the privately funded Panos Institute.

More than 80 percent of prostitutes screened recently in Nairobi, Kenya, were found to carry the AIDS virus.

But many Kenyans blame the spread of the killer disease on foreigners, and some have even demanded the expulsion of British troops and unmarried tourists.

Zaire, believed by Western scientists to be the epicentre in Africa of the disease, is one of 12 countries on the African continent that refuses to report cases to the UN World Health Organisation (WHO) — yet entire village populations have been decimated by the disease.

In Uganda, people suspected of having "slim" disease — locally named for the way it emaciates its victims — have been beaten to death.

While malaria and measles remain the main killers in Africa — claiming more than 2-million lives each year — more than 2 300 AIDS cases have been reported to the WHO by 18 countries, while 16 governments claimed they have no victims.

Serious

The Western-backed Panos Institute, in a 61-page analysis of AIDS in Africa, observed there was no proof that the disease originated in Africa — as many Western researchers have often suggested — but it grimly concludes that it is a more serious problem in Africa than anywhere else in the world.

Casualties are not only human.

Governments have lost countless millions of rands from cancellation of holidays by foreign tourists.

The WHO's Africa director, Mr Gottlieb Monekesso, told a seminar on AIDS in the Zimbabwean capital of Harare last week that African countries were until a year ago reluctant to openly admit they had AIDS cases, but since then most were backing WHO efforts to curb the disease.

Sssh!

The AIDS fight is on

STTR 8/3/87

92

SA campaign steers clear of UK-style shock tactics

THE FIGHT against AIDS in South Africa has been launched — but the campaign is unlikely to include advertisements such as those that shocked Britain.

"Our feedback indicates that the British advertisement campaign was neither a success nor cost-effective," said Dr Buks Lombard, director of the Department of Health's AIDS Action Group.

According to the British Medical Journal, AIDS awareness had increased a paltry two percent after the three-months exercise that will cost the British taxpayer R60-million.

By CAS St LEGER

The latest series of British advertisements, based on the "DON'T AID AIDS" theme, is the fifth AIDS-awareness campaign there.

One ad features a mirror-like tinfoil square with the legend: "Now you know what a typical AIDS carrier looks like."

Britain had 610 AIDS cases in a February count.

South Africa has had 61 up to February 23.

Of those, 48 were "local" cases, giving an estimated 5 000 AIDS carriers — based on the formula of 100 affected people for every confirmed case.

The future for those 5 000 carriers is grim, according to the findings of German research. Half, say the Frankfurt scientists, will acquire AIDS within five years. Seventy-five percent of the infected patients will reach the fatal and final stage of the illness whithin a period of seven years.

The air of complacency has left the South African scene but a scenario of panic has not replaced it.

Earlier this week, Minister of National Health and Population Development, Dr Willie van Niekerk, said there was cause for concern because the number of carriers of the virus significantly exceeded the number of AIDS sufferers.

In South Africa 32 had died, but the incidence of 1,4 per million compared favourably with the 140 per million in the United States, Dr van Niekerk said.

Fidelity

South African AIDS cases to date have not included women; 1 200 prostitutes tested in the Johannesburg area were all given the "all-clear".

With the exception of two blood and plasma transfusion victims, all victims have been bisexual or homosexual men.

The United States' current AIDS count is about 30 632.

And Dr Ruben Sher, head of AIDS research at the Institute for Medical Research in Johannesburg, this week cautioned that sexual fidelity and the use of condoms must be taken seriously.

He said pregnant women infected with the AIDS virus should be offered an abortion.

Said Dr Lombard: "The level of the incidence of AIDS at the moment is not too bad; if we are to learn from what is happening overseas, we must bring the message across effectively.

"In every report from overseas, it is apparent that people only really become serious about changing their way of life if they feel threatened themselves.

"We are dealing with the sensitive issue of sexual behaviour. We must guard against victimisation of suspected cases," Dr Lombard said. He emphasised that AIDS was not contracted from toilet seats or coffee cups, but only from people — through the sexual exchange of body fluids.

South Africa is fighting AIDS out of its total R100-million health budget.



Some of the shock ads from a UK campaign that cost taxpayers R60-m



And they say peak hour traffic tests one's patience! At Pretoria's Jacaranda Centre it's a matter of wait and watch as the long line of public telephone booths – resembling a line of half-human space invaders – are fully occupied.
Pic: Evans Mboweni

Aids in SA is increasing

A STUNNING 40 percent of a group of Johannesburg male homosexuals tested carried the Aids virus – while the dreaded disease was not found in any of the city's female prostitutes.

This emerged at a Press conference held by the Aids Advisory Group in Pretoria this week.

Chairman Prof J Metz said the South African health authorities were trying to prevent Aids from becoming the "tremendous problem" it potentially was.

A total of 61 Aids cases, of which 48 were South Africans, were diagnosed until February 23 this year in South Africa, the conference was told.

The number of cases have roughly doubled every year since 1982, and 32 South Africans have died of Aids to date.

There is as yet no cure for Acquired Immune Deficiency Syndrome, although microbiologists throughout the world are working on ways to counter the killer virus. – Sapa.

R100m plan to expand hospital

Post Reporter

WORK on a R100-million expansion to Dora Nginza Hospital is expected to start next year.

Planning is complete, the hospital's medical superintendent, Dr Wikus Malherbe, said today.

The expansion — Phase 2 of the hospital — will create fresh jobs in the building industry and relieve the chronic shortage of hospital beds for black patients.

In some instances, blacks have slept two to a bed in Livingstone Hospital.

Dr Malherbe said the project would include 800-bed accomodation in a number of rooms and wards, about six new theatres, a nursing home, stores, pharmacies and a kitchen.

He said the hospital as it existed today constituted the first phase.

It was planned to build the second phase in stages over the four years, with each part coming into commission as it was completed.

The major factors still being addressed were the securing of equipment, instruments and staff.

A helicopter landing pad is included in the plan.

92

SA following world Aids trend

By CHRIS ERASMUS

AIDS in South Africa is following trends in the rest of the world, with women accounting for almost a third of all carriers of the virus picked up by the country's blood transfusion services.

According to figures obtained from six regional blood services, 81 out of a total of nearly a million people tested were positive for the Aids virus antibody, indicating that they had been infected with the virus.

Of those positive to the antibody test, at least 24 were females, 13 from Natal alone.

In Cape Town and Johannesburg — the centres which have so far reported the greatest number of Aids cases and deaths — almost all the virus carriers picked up by transfusion service blood tests were males.

Dr Clive Prior, deputy medical director of the Natal Blood Transfusion Service, said last week that over 200 000 donations had so far been tested by his staff, with 28 Aids virus positives detected.

"Among those positive to the tests with whom we have spoken, only a minority admit to engaging in homosexual activity, the majority claiming to be heterosexual. The group consists of males and females, blacks and whites," he said.

In Cape Town, the Western Province Blood Transfusion Service had also tested about 200 000 donations, discovering only 10 Aids virus positives, said Dr Pat Coghlan, the service's medical director.

One of these 10 positives was female. Of the 20 carriers picked up by the Johannesburg-based transfusion service none was female.

Asked to comment on these figures, Dr Frank Spracklen, a member of the National Aids Advisory Group, said that, with the exception of Johannesburg and the Western Province, it was becoming apparent that the disease was showing no long-term preference for any particular sex or race group.

"It would appear that the incidence of the virus is still too low for us to be able to make any conclusion of significance about differences between racial groups or between males and females in most parts of South Africa.

The indications are, however, that the virus is spreading equally quickly among all race groups and both sexes, just as it has done elsewhere in Africa and is beginning to do in the US and Europe.

"It is certainly not a purely 'gay' phenomenon. No one is therefore automatically safe and everyone should take precautions to prevent the spread of the virus, particularly using condoms and avoiding promiscuity," he said.

The Gay Association of South Africa (Gasa) warned yesterday that the continued perception of Aids as a gay disease was "one of the the biggest factors contributing to its spread".

"In the US, government spending on Aids prevention only really started when it became clear that heterosexuals were also at risk," a Gasa spokesperson said.

He also warned that the relatively low incidence of HIV (Human Immuno-suppressive Virus) carriers among blood donors could not be used to estimate the spread of the virus as Gasa had been discouraging gay men from donating blood for several years.

It is not yet known what percentage of infected people will finally develop full-blown Aids, which is universally fatal, but experts have repeatedly reassessed estimates and a Frankfurt University research team believes that at least 75% of all infected people will ultimately succumb.

Some experts think almost none of those infected will avoid the disease, given sufficient time.

Safe sex and taking the Aids test

Staff Reporters

HOMOSEXUALS who are not volunteering for Aids testing because it holds no benefits and many drawbacks have logic on their side — provided they are practising safe sex, an Aids expert said.

Dr Frank Spracklen, a member of the National Aids Advisory Group, was reacting to statements by the Gay Association of South Africa (Gasa), which has backed homosexuals who have decided not to volunteer for testing.

A Gasa spokesman in Cape Town said the association based its stand on experience gained while counselling people who had had the test and had been found to be Aids carriers.

"They stand to lose their jobs and their loved ones," he said, adding that Gasa was not against the test where it was necessary for diagnostic reasons.

He also made a call for "everyone, not just gays, to practise safe sex". Most gays had taken precautions to avoid spreading the disease and their not taking the test would not increase the risk to the general community, he said.

Dr Spracklen said the argument against gays volunteering for testing was "logical but it can be extended to generalized testing. A person who is found to be an Aids carrier suffers the psychological consequences of knowing, could lose his or her job and cannot get insurance — and there is no treatment for the disease, so there is no benefit in knowing."

Aids man not in hospital

(92)

Sunday Post

19/3/87

DURBAN — Durban's third Aids case has not been confined to hospital.

Professor Denis Pudifin, in charge of Natal's Aids Advisory Group, confirmed yesterday the man was still in the city and was not very ill.

He said all that was known was that he was treated at Addington Hospital and later discharged. — Sapa

THE FORUM

letters to the editor

AIDS and the chalice . . .!

11/3/8 (92) NM

SIR — The Bishop of Natal is mistaken or in error (probably both) as stated in your report dated February 26.

Not in all churches is the chalice 'cleansed' after each recipient. When it is so cleansed it is, almost certainly, to wipe off the lipstick from the outside rather than to cleanse the inside from any possible infection.

The obvious question is: What happens to the inside of the cup where, it is logically assumed, the greater 'contamination' would lie?

So, where contamination from AIDS or any such is concerned, can we really speak of, or infer, any such possibility when we are dealing with the 'Cup of everlasting salvation . . . the most precious Blood of Thy Son' (Life to the unitiated) which is the Prayer Book wording?

After many years of cleansing the cup with my own lips — sick Communions or otherwise — neither thought nor intimation of infection has entered my mind or taken place. For the more squeamish, however, an investigation was held during the last Great War on this very subject of contamination.

The result was, as I have always understood from that time . . . 'there is no known instance of contamination from the chalice'.

God gives what He gives in this act for our health . . . of soul, mind and body. As such it is received in faith and used accordingly. As such it must continue to be received and used.

ANGLICAN PRIEST

Tough laws to prevent spread of Aids

(92) 11/3/87

COST

SEOUL — Tough anti-Aids laws were to be introduced to ensure the safety of the thousands of tourists expected to attend the 1988 Olympic Games here, Health Ministry officials said.

The Government would set up an inter-ministerial committee this month to study measures to fight Aids, officials said.

The legislation, to be submitted to Parliament later this year, would make it legal for the Government to expel foreign Aids carriers.

It would also make it mandatory for all women catering to foreign tourists and employees at entertainment spots in Seoul and four other major cities to receive Aids antibody tests.

Such tests are currently performed regularly on workers in bars near US military bases in South Korea and at homosexual bars across the country.

The new legislation will also oblige all doctors to report carriers immediately to State health centres and will empower local authorities to order medical checks for people believed to be infected.

"There are no confirmed cases of Aids in our country," one official said. "But we fear that the disease may spread here. The new law will help ensure the safety of huge numbers of foreign visitors including those coming for the Olympics." — Sapa-Reuter

Dentists warned of Aids patients hazard

(92) Post 12/3/82

CAPE TOWN — A dentist and eight members of his staff had to undergo Aids tests after they had unknowingly treated a patient who was suffering from the disease.

A letter to the SA Medical Journal written by the chairman of the Dental Council, Dr Helmuth Heydt, said the dentist, who can not be identified, treated Aids sufferer, Mr Wally Banks, 30. Mr Banks allegedly committed suicide on January 13 when he jumped from Chapman's Peak.

Members of the Metro Emergency Service and two policemen who removed the body also had to undergo Aids tests. All the tests were negative.

The dentist said Mr Banks was a patient of his for a number of years and he never knew he had Aids. He said Aids patients should inform their doctors and dentists of their condition.

Dr Heydt said dentists should consider wearing surgical gloves and masks to reduce the risk of contracting Aids. — Sapa.

AIDS experts to speak in Durban

Mercury Reporter

THE disease that has been described as the plague of the 80s — AIDS — will be the focus of a symposium to be held at the University of Natal's Medical School.

Several experts on the disease will be guest speakers at the symposium on March 19.

They include Dr Dennis Pudifin, acting head of the Department of Medicine and a member of the AIDS Advisory Board, and Prof Barry Schoub, who is head of the Department of Virology at the University of the Witwatersrand.

Prof Schoub has been studying the AIDS virus since its first appearance in South Africa in 1982.

Dr Denis Sifris, head of the Immune Deficiencies Clinic at the Johannesburg General Hospital and co-ordinator of the AIDS Action Group, will address the symposium as well as give a public lecture on 'The AIDS Crisis'.

(92)
SMR
12/3/87

Dentist has AIDS test

CAPE TOWN — A Cape Town dentist and eight members of his staff had to have AIDS tests after they unknowingly treated a patient who had the disease.

A letter to the *SA Medical Journal* written by the chairman of the Dental Council, Dr Helmuth Heydt, said the dentist, who cannot be identified, had treated AIDS sufferer Mr Wally Banks (30).

The dentist said Mr Banks, who had been patient of his for a number of years, had never told him he had AIDS. — Sapa.

Pox vaccine may be fatal for AIDS virus carriers

BOSTON — A team of US Army doctors yesterday reported evidence of a possible interaction between the AIDS virus and smallpox vaccine that could prove deadly.

The finding, reported in the *New England Journal of Medicine*, could complicate research by scientists who have been working on a vaccine for acquired immune deficiency syndrome that relies on the smallpox vaccine, the report said.

Doctors at the Walter Reed Army Institute of Research said a 19-year-old army recruit, who apparently had been exposed to the AIDS virus, developed a pox-like disease and died after receiving smallpox vaccine.

"Our case report raises provocative questions concerning the ultimate safety of such vaccines," the research group, led by Dr Robert Redfield, said.

The report also throws into question the belief of some scientists that the smallpox vaccine, which exposes people to a milder form of the disease known as cowpox, could be modified

The researchers said because so many people in some parts of Africa have been exposed to the AIDS virus, administering an AIDS vaccine based on the smallpox vaccine could produce cases such as that of the young recruit. — Sapa-Reuter.

13/3/87 Star

DD (92) 3/3/87

Spanish jails issue condoms

LONDON — Prison authorities in Spain are to distribute free condoms to inmates of the nation's jails in an effort to stop the spread of Aids.

It is estimated that more than 50 per cent of Spain's near 27 000 prison population are Aids carriers. — DDC

Dentists to name AIDS carriers

13/3/87 92

Mercury Correspondent

CAPE TOWN—The Dental Association has demanded that doctors reveal the names of people known to be infected with the AIDS virus to protect its members.

The demand follows disclosures that three city dentists and their six assistants were recently exposed to the risk of infection after unknowingly treating a carrier of the deadly virus.

The dentists and their staff realised they had been exposed to the virus only after newspapers published reports early in January that the virus carrier, a young landscape architect, had fallen to his death from Chapman's Peak.

Dr Helmut Heydt, executive director of the association, said yesterday that after being notified about the incident, he had written to the S A Medical Journal to ask the assistance of doctors in protecting dentists.

'If I am an AIDS patient or virus carrier, it is up to my doctor to tell my dentist that he is at risk — I am appealing to doctors to get their house in order on this because there is no reason why any of my colleagues should be placed at risk from this disease,' said Dr Heydt.

'I don't think patient confidentiality comes into this at all. It is simply quite wrong that another member of the health professions — and through him or her, members of the public — should be placed at risk in this way.

'I feel very strongly about this, particularly as there are times when my medical colleagues don't realise that there are other people in the world, such as ourselves, who are also looking after patients.

'I feel that in the case of AIDS, there should be full disclosure between health professionals of the identity of known carriers,' he said.

One of the dentists exposed to the virus, who cannot be named for ethical reasons, said yesterday that there was no way to describe the anguish and torment endured by himself, his colleagues and staff after discovering that they might have been infected.

'I am not a panicky sort of person, but I can tell you I literally had sleepless nights over this,' he said.

'It was not so much the risk to myself that was worrying, although that was part of it, but more the possible consequences for my family or the thought that one of my staff could contract AIDS

'I immediately arranged that all nine of us who had been exposed should be tested for the virus antibodies to see if we had in fact been infected. Then we had a long wait while the tests were done and eventually, to our great relief, we were told we were all negative.

'Fortunately, in our practice we run a tight ship as far as sterility is concerned. We use disposables wherever possible, gloves and surgical masks and dry heat sterilisation for our equipment

'But the point is this should never have happened and I would like to see some sort of system which will protect health workers like ourselves.

'One solution is that whoever diagnoses a person to be a virus carrier should obtain, under force of law, the names of the patient's dentist, physiotherapist or any other health professionals they will be seeing.

Confirmed

'These professionals could then be told of the situation, giving them the choice of treating the patient or not while at the same time protecting the patient's right to confidentiality — but at least those involved would know what was going on which was more than we did,' said the dentist.

Dr Frank Spracklen, a member of the AIDS Advisory Group, confirmed that dentists were asking that relevant information on AIDS virus infected people be given to them.

'I admit that it appears to be unethical to hand over this information but I think in the long run every doctor has to decide for himself what to do — it would certainly take someone with very strong views on patient confidentiality not to give information that would protect a colleague exposed to this danger.

'I would suggest that virus carriers receive their dental treatments at the Tygerberg dental school where the necessary precautions can be taken.'

(4) Mini-Movers, Durban

Affiliations: TUCSA, S.A. Council of Transport Workers

House arrests to be used in fight against AIDS

London Bureau

ICELAND is to introduce a system of house arrest for AIDS victims who endanger others with their sexual behaviour, a spokesman for Iceland's Health Ministry said in Reykjavik yesterday.

'We already have laws which allow us to isolate people carrying infectious diseases,' said Mr Pall Sigurdsson, Departmental Head of the Health Ministry.

'This can also be used to impose quarantine for AIDS carriers who behave irresponsibly.'

Mr Sigurdsson said that isolation would have to be approved by two doctors — the patient's own practitioner and the district medical officer. Under detainment, internees would only be allowed to leave home with an escort.

'We do not have anybody particular in mind, but would like to have the possiblity if a person continues to behave irresponsibly after being told he is infected,' he said.

The idea was to motivate people to change their behavior.

'It may be difficult to identify those who would come under these measures but on the other hand we do live in a society where everyone knows everyone else,' Mr Sigurdsson said.

He said that the authorities did not yet have a place to hold isolated AIDS carriers but were looking for a suitable house.

The island, with a population of 242 000 has 32 known cases of AIDS. Two people have died from the disease but doctors estimate that 10 times as many may be infected.

Name Aids victims — dentists

Cape Times
13/3/87
92

By CHRIS ERASMUS

THE Dental Association of SA has demanded that medical doctors disclose the names of people known to be infected with the Aids virus.

The demand follows disclosures that three city dentists and their six assistants were recently exposed to the risk of infection after unknowingly treating a carrier of the deadly virus.

The dentists and their staff realized they had been exposed to the virus only after newspapers published reports early in January that the virus carrier, a young city landscape architect, had fallen to his death from Chapman's Peak.

Assistance

Dr Helmut Heydt, executive director of the association, said yesterday that after being notified about the incident, he had written to the SA Medical Journal to ask the assistance of doctors in protecting dentists.

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"I don't think patient confidentiality comes into this at all. It is simply quite wrong that another member of the health professions — and through him or her, members of the public — should be placed at risk in this way.

"I feel very strongly about this, particularly as there are times when my medical colleagues don't realize there are others, such as ourselves, also looking after patients.

Torment

"I feel there should be full disclosure between health professionals of the identity of known Aids carriers," he said.

One of the dentists exposed to the virus, who cannot be named for ethical reasons, said yesterday that there was no way to describe the anguish and torment endured by himself, his colleagues and staff after discovering they may have been infected.

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"I immediately arranged that all nine of us should be tested for the virus antibodies to see if we had been infected. We had a long wait while the tests were done and eventually, to our great relief, we were told we were all negative.

"Fortunately, in our practice we run a tight ship as far as sterilization is concerned.

"But the point is this should never have happened and I would like to see some system which will protect health workers like ourselves.

Solution

"One solution is that whoever diagnoses a person to be a virus carrier should obtain, under force of law, the names of the patient's dentist, physiotherapist or any other health professionals they will be seeing."

Dr Frank Spracklen, a member of the Aids Advisory Group, confirmed dentists were asking that information on Aids virus infected people be given to them.

"I admit that it appears to be unethical to hand over this information but I think in the long run every doctor has to decide for himself what to do — it would certainly take someone with very strong views on patient confidentiality not to give information that would protect a colleague exposed to this danger.

"I would suggest that virus carriers receive their dental treatments at the Tygerberg dental school where the necessary precautions can be taken," he said.

Doctors to discuss Aids ethics

Cape Times 14/3/87 92

Own Correspondent

DURBAN. — The Medical Association of South Africa is to consider whether doctors should be allowed to breach doctor-patient confidentiality and warn people most at risk when a patient has Aids.

Our correspondent learnt yesterday that the matter will be discussed at a Masa meeting on ethics next month.

Masa's associate secretary, Dr Koos le Roux, said the issue was a very sensitive one as confidentiality was "a very important" rule for doctors.

On the other hand there was the overriding problem of the virus putting the lives of others at risk.

Masa would have to "weigh up" the issues at hand and decide how best to advise doctors on the matter.

"We will have to seriously consider the rule of confidentiality and decide how to protect the patient as best we can but at the same time advise dentists and others most at risk of the problem," he said.

However, Dr Helmut Heydt, executive director of the Dental Association, who recently wrote to the SA Medical Journal asking for doctors to assist in the protecting of dentists against Aids, said yesterday that dentists were not asking for a breach of doctor-patient confidentiality when it came to Aids.

With the correct communication between the doctor and his patient of the risks involved to others, a breach of confidentiality should not be necessary, as the Aids sufferer should agree that his dentist should be told.

The Dental Association has issued some dentists with general health forms, which originated from the International Dentists' Federation, in which patients are also asked whether they have Aids. The forms are available on demand from the association.

At least one Durban dentist is known to be making use of these forms, but others interviewed yesterday said they were concerned about Aids, but had not yet asked for them.

One dentist said he was extremely concerned about Aids and felt that Masa should consider the matter as soon as possible.

AGONY OF AIDS MUM

Tainted blood shock for family as tests show woman and baby are carriers of the deadly virus

By CAS ST LEGER

THE first mother-and-baby AIDS case in South Africa was disclosed by doctors yesterday. Both are carriers of the deadly virus.

The 35-year-old woman was exposed to the virus by a contaminated blood transfusion before blood-vetting began two years ago.

This weekend the baby — a two-month-old boy — lies in a private clinic near Johannesburg while further tests are carried out.



Doctors are anxious to protect the family's identity. This wish will be respected by the Sunday Times.

So far the woman's husband is "clear". But the family has been devastated. The couple's sex life is ruined — the woman could infect her husband despite the most stringent precautions.

Dramatic details of the latest ordeal were given to the Sunday Times by the woman's doctor, who said yesterday "She is a very brave lady and so is her husband."

Confirmation also came from Dr Robert Crookes, deputy medical director of the SA Blood Transfusion Service.

Mother and child are in good health so far. They are both "antibody positive" — which means they have been exposed to the virus without contracting the killer disease.

Dr Crookes emphasised that a positive result did not mean in every case that the person was a carrier.

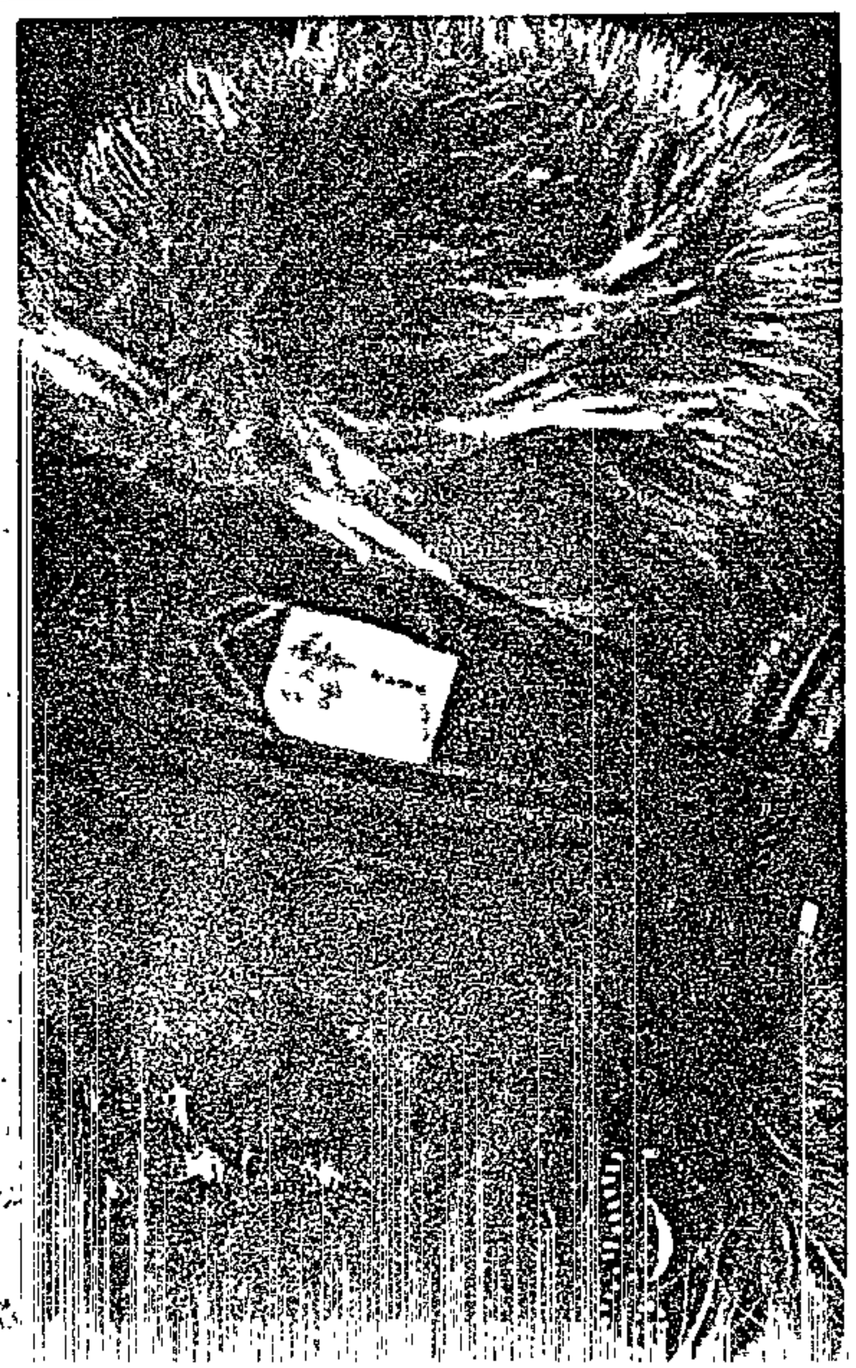
SUPER BRAT Alex Jay joins the SUPER PAY league

By DOUGLAS GORDON
TV Correspondent

ALEX JAY, the superbrat disc jockey and TV1 host, has signed a new Radio 5 contract — and leapt straight into the Top Three in the pop earnings league.

His new annual income of [illegible]0 000 puts him on the same scale as the R250 000 take-home pay of breakfast show stars Martin Bailie and John Berks.

The flashy, ear-ringed performer, who outraged the



Shock poll nod for reformers

LESTER VENTER: Political Correspondent

A POLL commissioned by the Progressive Federal Party has shown that the Government and the reform alliance are level-pegging in terms of public support.

The startling results revealed that 35,9 percent of the sample trusted the Government with reform, while 35,4 percent wanted a multi-party reform alliance.

Meanwhile, another private sector poll has shown that 21 percent of people who identified themselves as National Party supporters also favoured the reform alliance.

Now there are indications that the NP will do a 180-degree turn on its chosen electoral strategy. At first the party strategists opted for a verkrampte campaign, but the polls and widespread unhappiness in the party mean "reform" could again become the buzzword.

THE BOTHA YEARS: WHAT WENT WRONG
By Sample Terreblanche
Page 19

The independent national survey, undertaken by Mark en Meningsnavorsing for the PFP, also revealed that only 16,8 percent of voters polled believed separate development was the answer to the country's plight — yet another reason why NP rank-and-file believe the party should move left to regain

of people nationwide agree with the concept of local option in regard to integrating residential areas; 71 percent of voters — including 73 percent of NP supporters — favour joint decision-making and power-sharing involving all races

The report has apparently been intently studied by cabinet minis-

est ordeal were given to the Sunday Times by the woman's doctor, who said yesterday: "She is a very brave lady and so is her husband."

Confirmation also came from Dr Robert Crookes, deputy medical director of the SA Blood Transfusion Service.

Mother and child are in good health so far. They are both "antibody positive" — which means they have been exposed to the virus without contracting the killer disease.

Dr Crookes emphasised that a positive result did not mean in every case that the person was a carrier.

Survey

The baby is not a danger to other children or patients in the hospital. His blood may "clear" itself of the AIDS antibodies — until about six weeks old all babies duplicate their mothers' antibodies.

But it will take up to two years of monitoring before the parents will know whether their son will remain a carrier.

Carriers can pass AIDS on to others through body fluids. And they run a statistically high risk of contracting the disease itself within five to seven years.

A recent German survey indicates that half will succumb to AIDS proper and three out of four carriers will reach the fatal stage of the illness within seven years.

The nightmare for the family, who live in the north of Johannesburg, began last July when the woman was four months pregnant.

In 1984, before AIDS screening of all blood products began in South Africa, she had received a blood transfusion after the termination of a faulty pregnancy. The foetus had developed in one of her tubes.

Tested

Believing her chances of conceiving again were almost nil, she consulted a test-tube doctor. But, in fact, she fell pregnant naturally in April 1986.

In the interim, the Blood Transfusion Service had introduced screening for donors and for blood.

A man who had given blood previously returned to give blood again, and was diagnosed as an AIDS carrier.

Three or four people known to have been given his blood were contacted and tested. As far as the Sunday Times can establish, only the woman proved positive.

She was offered an abortion, but after a great deal of heart-searching, refused.

The irony for the couple is that they had been childless for 12 years. Whatever the outcome, this was for them a "last chance" baby. In view of the positive test they would have been strongly advised not to try again.

The woman's doctor said yesterday: "The baby could

☐ To Page 2

Family's AIDS agony

From Page 1

only be tested after it was born in January — it isn't yet possible to do the test before birth.

"It was also positive. But the baby still has its mother's antibodies, and he will have to be tested frequently over the next couple of months or even years.

"This is the first such case in South Africa and I hope the last. Now all blood, and sperm in the case of test-tube operations, is tested.

"She and her husband are very brave. They can no longer have unprotected sex. While condoms form a barrier, they are not completely effective.

"Venereal disease is caused by bacteria which can pass through a condom, and the AIDS virus is much smaller than bacteria.

"The couple are shattered by the whole thing."

Contact

Approached for comment by the Sunday Times, Dr Buks Lombard, director of the Department of Health's AIDS Action Group, said: "Every effort is being made to prevent a repetition of this."

He said he could not respond any further.

Up till now all known cases of AIDS in this country have been in homosexual or bisexual males, or in people who have come into contact with the virus through blood transfusions.

There have been 61 AIDS cases here, and there are an estimated 5 000 antibody carriers, some of whom may never suffer from the disease but whose body fluids can pass the virus on to others.

Dr Ruben Sher, head of AIDS research at the Institute for Medical Research, told a symposium of nurses and paramedics last week that pregnant women infected with the virus should be offered an abortion.

"Pregnancy induces AIDs-related opportunistic diseases in 60 to 65 percent of carriers," he said.

A total of 37 000 people worldwide have died from AIDS. There are an estimated 10 million carriers, five million of them in Africa. Large numbers of them will contract the disease.

Clean

When screening began in South Africa at the end of 1985, high-risk groups, particularly male homosexuals, were asked not to donate blood.

In the Western Cape, male and female prostitutes and their clients were asked not to become donors — though women prostitutes so far have been given a clean bill of health regarding AIDS.

Not one of 1 200 prostitutes tested in the Johannesburg area was found to carry AIDS.

Thirteen-year-old Marcello Del Frate, South Africa's first child haemophiliac AIDS victim, died in November 1985 after receiving a contaminated transfusion.

Ironically, it was that month that testing was introduced.

THE FOUR STAGES

By CAS St LEGER

THERE are four interlinked stages of AIDS, according to the World Health Organisation, which attempted to clarify the confusion between carriers and sufferers in its 1986 WHO Population Report.

STAGE 1: Initial infection with the AIDS virus, where the antibody is developed.

STAGE 2: AIDS carrier, displaying no AIDS symptoms but able to pass the disease on through contact with blood or semen.

STAGE 3: The early stage of the disease — often called "Arc" — with persistent symptoms such as swollen lymph glands.

STAGE 4: AIDS and, eventually, death. The immune system is suppressed. Symptoms vary from a type of cancer called Kaposi's sarcoma to a variety of pneumonia, pneumocystis and diarrhoea.

The presence of the antibody — Stage 1 — usually indicates that infection with the virus has occurred.

Little is known about the number of children infected with the AIDS virus.

United States researchers estimate there are 1 000 children in that country who have been infected but who have not yet developed AIDS.

Pilot projects are soon to start in Edinburgh — which has a high-risk drug population — and Dundee in Scotland to screen the unborn and their mothers.

Cape Times
16/3/87

Identifying Aids sufferers 'unethical'

92

Own Correspondent

PORT ELIZABETH. — Doctors would be breaking ethical rules if they disclosed the identity of Aids sufferers to anybody — including dentists.

This was said by Dr Alexander Albert, medical director of the Eastern Cape Blood Transfusion Service, in response to a demand by the Dental Association that doctors disclose to them names of people known to be infected with the Aids virus.

The president of the East Cape branch of the Dental Association, Dr Alan Froom, endorsed the call made by the national body last week.

So far four people here have been diagnosed as Aids sufferers.

Dr Froom said the issue had been discussed at length at a meeting of the association here. Not only did dentists work with sharp objects, but they were at risk if they had any broken skin on their hands.

Dr Albert said a dentist did have the option of refusing to treat a patient.

District surgeon Dr Lou Krige said patient confidentiality should be observed at all costs.

He said he did not believe dentists were at risk — unless "the patient bites them or if they have open sores on their hands. In that case they should not work inside people's mouths".

FOR SUBSCRIPTION INQUIRIES — TELEPHONE EAST LONDON 26141

Aids: medical ethics under scrutiny

(92) 16/3/870 D

Should doctors break trust?

Dispatch Correspondent

DURBAN — The Medical Association of South Africa (Masa) is to seriously consider whether doctors should be allowed to breach doctor-patient confidentiality and warn people at risk when a patient has Acquired Immune Deficiency Syndrome (Aids).

The matter will be discussed at a Masa meeting on ethics next month.

Masa's associate secretary, Dr Koos le Roux, said the issue was a very sensitive as confidentiality was "a very important" rule for doctors.

On the other hand there was the over-riding problem of the virus putting the lives of others at risk.

Masa would have to "weigh up" the issues at hand and decide how best to advise doctors on the matter.

"We will have to seriously consider the rule of confidentiality and decide how to protect the patient as best we can, but at the same time advise dentists and others most at risk of the problem," he said.

However, Dr Helmut Heydt, executive director of the Dental Association, said dentists were not asking for a breach of doctor-patient confidentiality when it came to Aids.

With the correct communication between the doctor and patient of the risks involved to others, a breach of confidentiality should not be necessary, as the Aids sufferer should agree that his dentist should be told.

Dr Heydt recently wrote to the SA Medical Journal asking for doctors to assist in the protecting of dentists against Aids.

Meanwhile, the Dental Association has issued dentists who want them, with general health forms in which patients are also asked whether they have Aids.

Dr Heydt said the forms, which originated from the International Dentists' Federation, were available on demand from the association.

At least one Durban dentist is known to be making use of these forms, but others interviewed said they were concerned about Aids, but had not yet asked for them.

One dentist said he was extremely concerned about Aids and felt that Masa should consider the matter as soon as possible. "They should be considering it tomorrow rather than next month."

Another said he notified a patient's doctor as a matter of course when he felt that the patient should be examined for any particular illness and felt that doctors should afford the same courtesy to him when a patient was known to have a serious disease like Aids.



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AIDS: mum, baby

THE first case in SA of an AIDS-infected mother and child has been confirmed.

The *Sunday Times* yesterday quoted a doctor as saying they were "anti-body positive" — meaning they had been exposed to the virus without contracting the disease.

Institute for Medical Research's AIDS chief Dr Ruben Sher said yesterday that pregnancy could precipitate the disease, and this would usually be passed on to the baby.

The woman was exposed to the virus from a transfusion before AIDS screening began two years ago.

IHRGas 17/3/87

Hospital 'testing prisoners for Aids'

92

The Argus Correspondent

PRETORIA. — Two prisoners are being tested for Aids at the H F Verwoerd Hospital here, hospital sources say.

It is not yet clear whether they have contracted the disease or are considered to be possible carriers.

While the sources have confirmed the two are being tested, rumours that a third prisoner has died of the disease have been denied.

Medical authorities are reluctant to comment, saying any suspected Aids case is very sensitive.

The head of the Transvaal Hospital Services, Dr Hennie van Wyk, said he could not compromise the confidential relationship between patient and doctor.

"It is up to the patient to say whether details can be released. But even then the permission of the authorities is needed before a statement can be made."

The superintendent of H F Verwoerd Hospital, Dr D J L van Rooy, refused to confirm or deny the report.

"I am not allowed to give information about prisoners in hospital," he said.

Inquiries should be sent to the Department of Prisons.

Doctors may alter rule on secrecy

Mercury Reporter

DOCTORS may be able to breach the patient/doctor confidentiality rule and warn people most at risk that a patient has AIDS, if a decision to allow this is taken at a Medical Association of South Africa ethics meeting next month.

Masa's associate secretary, Dr Koos le Roux, said the issue was a very sensitive one as confidentiality was a very important rule for doctors.

On the other hand there was the over-riding problem of the virus putting the lives of others at risk.

Masa would have to weigh up the issues and decide how best to advise doctors on the matter.

Meanwhile, the Dental Association has issued dentists with forms in which patients are also asked whether they have AIDS.

The association's executive director, Dr Helmut Heydt, said the forms, which originated from the International Dentists' Federation, were available on demand from the association. At least one Durban dentist is known to be using them.

(92) B|Day 17|3|87

'Effective' AIDS test on market

Business Day Reporter

A NEW AIDS viral detection test, claimed to offer a simple and quick detection of the disease, has been made commercially available in SA.

The test, developed by Abbott Diagnostics, is superior to that which monitors antibodies because it allows for early detection of AIDS viral protein, which indicates the virus' presence.

"Antibodies to the virus usually take between seven and 12 weeks to develop once the virus has been contracted", says Abbott Diagnostics SA GM Guido Guidetti.

Previously the presence of the virus in the blood and body fluids could be detected only after a complex and lengthy process. The most common test in use was the antibody detection test.

"Previous tests did not identify the disease before the antibodies developed. This created a potentially dangerous period during which someone who had contracted AIDS could unknowingly pass it on to others."

The new test, known as the HIV Antigen Virus Detection Test, was first launched as a research tool in the US during the latter half of 1986.

AIDS alert affects 36-m Americans

(92) SPK 17/3/87

By Neil Lurssen, The Star Bureau

WASHINGTON — The United States government is to recommend this week that millions of people who received blood transfusions before April 1985 be tested for the AIDS virus.

It is possible between 12 000 and 30 000 people may have been infected unknowingly with tainted blood.

The period causing concern is 1978, when AIDS first began to appear, to April 1985, when blood banks introduced better testing procedures.

In that period 36 million people received transfusions in America and the most prominent recipient of blood was President Reagan, who was shot in an assassination attempt in 1981.

However, at least the head of state knows he is in the clear. The president's blood was tested for AIDS as a matter of routine during recent cancer check-ups and found to be negative.

However, for most Americans who received blood in that period, there is an alarming question-mark over their health.

There is additional concern for those who had multiple transfusions in high-risk areas such as San Francisco, Los Angeles and New York.

The warning, to be issued by the Centre for Disease Control here on Thursday, is couched in calm and cautious terms, but the alert means government health officials acknowledge that many thousands of people who might not have had to fear the deadly disease could now be carriers.

Word of the pending recommendation has leaked out and it dominated last night's TV news.

One commentator said: "The fear is the unknown. Nobody knows how many people received AIDS-tainted blood, and those who received it don't know they are carriers."

Government spokesmen and doctors tried to ease fears and prevent panic.

Dr Roy Schwartz of the American Medical Association said it was not intended that all 36 million people who received transfusions rush to their doctors for tests.

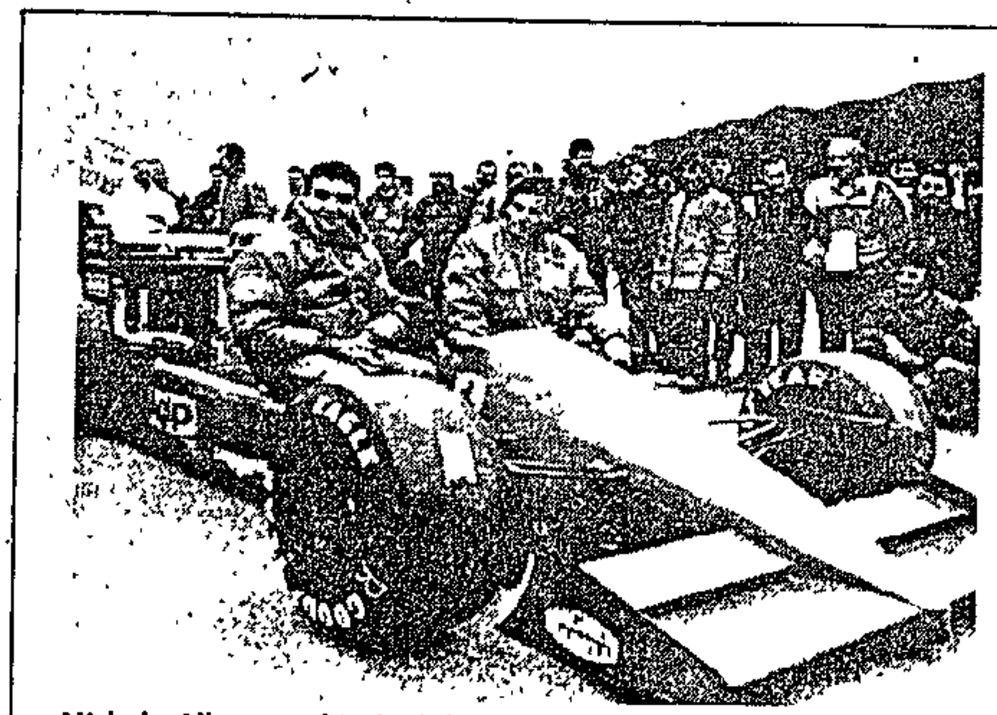
He added: "That would overwhelm the system."

Tests were intended for multiple recipients of blood in the high-risk, big-city areas and at those who were sexually active.

A government spokesman said only a fraction of the blood used between 1978 and 1985 was suspect.

His estimate was between one in 50 000 and one in 100 000 was at risk.

In another bid to maintain calm, a spokesman for the US Department of Health said last night that blood recipients should leave it to their doctors to decide whether tests were worth doing.



Michele Alboreto of Italy (left) and Gerhard Berger of Austria sit on the new Ferrari Formula One racer unveiled yesterday.

Ferrari unveils its uprated F1 car

IMOLA (Italy) — Ferrari yesterday unveiled a new Formula One car, the F1-87.

The design of the car, launched at Imola, was overseen by Briton John Barnard who joined Ferrari as technical director from McLaren last November.

The car has a lower chassis and a more streamlined front than the F1-86 version, 880 hp against 850 on the previous model and six gears instead of five.

Ferrari officials said cars would be ready for drivers Michele Alboreto and Gerhard Berger in time for the season-opening Brazilian Grand Prix on April 12. — Sapa-Reuter.

by Dik Browne



Retarded girl to be sterilised

LONDON — The Court of Appeal has ordered that a 17-year-old girl with a mental age of five should be sterilised to save her from pregnancy.

Lord Justice Dillon ruled yesterday that the consequences of the girl, who will be 18 in May, becoming pregnant were "frightening".

The girl, named only as Jeanette, had no desire to reproduce, said the judge.

She never would be able to link sexual intercourse with the birth of babies and would be unable to look after a child.

The case is expected to prompt a number of similar applications for mentally retarded young women to be sterilised. — The Star Bureau.

Swing to right in Finnish elections

HELSINKI — Finland's Conservatives emerged as clear general election winners today, after a marked swing away from the Left, and said they looked forward to being in government after 21 years in opposition.

Conservative Party leader Mr Ilkka Suominen told reporters: "They can't keep us out of government now" as the party won nine new parliamentary seats in elections held on Sunday and yesterday, taking its total to 53 seats.

Protracted negotiations are expected to produce a replacement of Finland's centre-left coalition.

With 99 percent of votes counted, Prime Minister Mr Kalevi Sorsa's Social Democratic Party had lost only one seat despite a 2,5 percent drop in support.

It could be weeks be-

Soviets call for truthful reporting

MOSCOW — The Soviet journalists' congress ended yesterday with a call for "truthful coverage of reality" and energetic participation by the media in the Kremlin's reform programme, the official Tass news agency said.

The meeting of delegates from the Soviet journalists' union adopted a resolution deploring the slow pace of change in the media, and saying stereotypes "formed in conditions of ostentation and trumpet-blowing (still) make themselves felt".

During the three-day congress, attended by 760 representatives of the union's 85 000 members, speakers welcomed recent changes in Soviet Press and broadcasting, but said some journalists were finding it hard to work under new conditions.

Since Mr Mikhail Gorbachev became Soviet leader in March 1985 he has vigorously promoted a policy of "glasnost" — openness — that permits wider discussion of selected social issues.

In recent months Soviet newspapers

First 2 cases of Aids in SA prisons

Cape Times 18/3/87 92

By CHRIS STEYN

THE first two cases of Aids in South African prisons have been confirmed. The men, both prisoners at Pretoria Central, are currently being treated at H F Verwoerd Hospital.

Steps are now being taken to segregate prisoners who have been exposed to the virus and a comprehensive survey of high-risk groups are being carried out in the country's prisons.

A spokesman for the Prisons Service confirmed last night that it had been decided as far back as 1985 to suspend blood donations by prisoners as a precautionary measure against spreading the deadly virus.

He also confirmed that provision was being made to segregate prisoners whose exposure to the virus had been confirmed.

The spokesman further disclosed that a comprehensive survey had been initiated to screen known high-risk groups in order to monitor the possible occurrence of Aids.

"Their co-operation will be sought to identify possible contacts ... Steps will be taken to ensure that confidentiality is maintained," he said.

The spokesman said the Prisons Service was aware of, and concerned about, the spread of Aids.

Medical services in prison were rendered by district surgeons who visited prisons regularly and when summoned.

They were assisted by trained nursing staff, employed by the SA Prisons Service, and the medical treatment prescribed by their doctor was recorded and strictly complied with.

All prisoners were medically examined on admission, prior to transfer or release or at their request, as well as when they were ill or injured or when a district surgeon's attention was drawn to a particular case. Medical parades were held twice daily.

□ Madrid prison authorities will hand out comdoms at jails to combat the spread of Aids, the Justice Ministry said last week. More than 50% of the 26 800 inmates of Spanish prisons are carriers, according to estimates.

Women back frank AIDS alerts

Medical Reporter

The Government has *carte blanche* from most South African women to introduce frank and dramatic warnings against promiscuity and unprotected sexual practices in AIDS propaganda.

Although women are most likely to object to too-explicit messages about AIDS, 93 percent of those who took part in a urban poll conducted by Research Surveys Omnichek are in favour of shock-tactic AIDS propaganda, instead of the softer line adopted by the Government.

HIGH AWARENESS

Only 1 percent said frankness was a "bad thing".

"The poll suggested a very high level of awareness, as well as concern, although the incidence of AIDS in South Africa is only 61 cases," said Mr Butch Rice, managing director of Research Surveys.

The poll showed that eight out of 10 women are worried about AIDS reports.

There was more all-round concern in ports such as Durban and Cape Town, but 85 percent of women in Johannesburg, Pretoria and the Witwatersrand revealed almost as much concern.

More Afrikaans-speaking women (62 percent) than English-speaking women (50 percent) expressed "great concern".

(92) Star 18/3/87

Free grass to halt spread of disease

92 ARGUS 18/3/87

The Argus Foreign Service

LONDON. — Cannabis and other non-injected drugs should be made available by the government to help curb the spread of Aids, a committee of MPs has been told.

Mr Ray Brettle, a consultant on infectious diseases at Edinburgh City Hospital, said in evidence to the Social Services Select Committee that infection among addicts in Edinburgh had risen to 50 percent in two years because of needle-sharing.

This was the fastest rate yet recorded in the world.

He said the addicts were virtually all heterosexual, a third female, with the result that Aids was spreading fast to the nondrug-taking, heterosexual population, to new-born babies and to drug-taking communities in other cities visited by Edinburgh addicts.

Mr Brettle said resources should be concentrated on halting the spread of Aids among drug misusers as it was spreading five times as fast there than anywhere else.

Addicts were unlikely "to move immediately to abstinence' and therefore one had to accept a safer form of drug abuse, which might be cannabis, minor tranquilisers, smoked heroin or methadone, he said.

The governnment should consider making these available "although this would obviously not find a great deal of favour.'

He also said Aids victims might deliberately spread the disease if not treated with a caring attitude.

Virus detection test developed

92 ARGUS 18/3/87

The Argus Correspondent

PRETORIA. — A new Aids virus detection test which is claimed to offer a simple and quick way of detecting the dreaded disease has just been launched on the South African market.

The test is said to represent a significant advance in the worldwide fight against the disease and was developed by Abbott Diagnostics, a division of Abbott Laboratories in the United States.

Mr Guido Guidetti, the company's general manager, said in a statement that tests for detecting antibodies to Aids have been in general use since 1985 but this was the first commercially available test for the actual detection of the Aids viral proteins which could indicate the presence of the virus.

"This is a significant development because the body takes about seven to 12 weeks and longer to develop antibodies to the virus once it has been contracted," he said.

Mr Guidetti said the new Aids test known as the HIV Antigen virus detection test was first launched as a research tool in the United States in the latter half of 1986.

"We believe the new test will significantly contribute to identifying the disease at an early stage and thus help protect South Africa from the devastating effects of Aids."

New AIDS test is launched in SA

(92) Star 14/3/87

A new AIDS virus test, which claims to be a simple and quick way of detecting the disease, has been launched in South Africa.

It is said to represent a significant advance in the worldwide fight against AIDS.

"Tests for detecting antibodies to AIDS have been in general use since March 1985, but this is the first commercially available test for the actual detection of the AIDS viral proteins, which could indicate the presence of the virus," said Mr Guido Guidetti, general manager for Abbott Diagnostics SA, the company which developed the test.

"This is a significant development because the body takes about seven to 12 weeks or longer to develop antibodies to the virus once it has been contracted."

● Doctors may be able to breach the patient/doctor confidentiality rule and warn people most at risk if a patient has AIDS — if a decision to allow this is taken at a Medical Association of South Africa (Masa) ethics meeting next month. — Sapa.

Defending freedom of expression

STAR 14/3/87

Two significant factors, directly affecting advertisers, have arisen from the latest in a series of assaults launched by the authorities against The Star when police tried to seize the newspaper last Tuesday.

Firstly, The Star went out on a limb by publishing what it considered to be a legal advertisement for the Detainee's Parents Support Committee in spite of policemen in the building waving official orders. Later in the day the Supreme Court granted an order in favour of The Star.

And not long ago newspapers succeeded in challenging the state's right of seizure in the Natal Supreme Court only for this measure to be reconstituted in another form.

Apart from The Star's intention of maintaining its undeniably costly crusade for freedom of expression, this also involves defending the right of every advertiser to state any legitimate case. Unlike many other news media, The Star will publish any legal advertisement from any organisation — far right to far left.

While it is tempting to give the assurance that the advertisers of Sudso soap powder will be exempt from the brunt of the emergency regulations, the way paranoia is growing, anything can happen. But certainly any advertising agency placing on behalf of a political organisation for the forthcoming elections could find the police on its doorstep. The Star will be right there with them, whatever the advertisers' views may be.

Second, while South Africa is undoubtedly one of the most complex countries on the globe for marketers, the emergency regulations have created a phenomenon directly affecting advertising media managers.

With pro-government media quite patently sticking to the letter of the emergency laws and The Star and others continually testing these laws, the increasing numbers of people who are concerned about the future of the country, are being forced to follow a variety of news media in an attempt to become better informed.

A survey carried out by The Star last year showed, for example, that the SABC's interpretation of news differed almost entirely from that of The Star's.

This alone is a factor that media managers will have to consider in the future as they plan efficient exposure in a wide variety of target markets.

In most Western countries the competition between broadcast and print media is straightforward. In South Africa the state of emergency has effectively destroyed Press freedom but at the same time it has created new responsibilities and unique positions for newspapers like The Star. And new opportunities for those who advertise in it.

U S call to test blood recipients for AIDS

N/M (92) 18/3/87

WASHINGTON—United States Health officials are recommending AIDS testing for patients who received blood transfusions before 1985 and are moving ahead with a nationwide education plan to fight AIDS in schools and elsewhere.

Federal officials are concerned that up to 12 000 of the people who received transfusions between 1977 and 1985 could be infected with the AIDS virus without knowing it. American Medical Association officials estimate there were 34 million transfusions in this country during that period.

President Reagan's blood was routinely checked for AIDS and hepatitis this year because of blood transfusions he received after he was shot in an assassination attempt in 1981, a White House official said.

The official said the tests, which showed Mr Reagan had neither AIDS nor hepatitis, were conducted as a standard procedure before the President's prostate surgery in January.

Screened

Mr Reagan was shot outside a Washington hotel on March 30, 1981, by John Hinckley who was found not guilty by reason of insanity and was committed to a mental hospital.

The Government on Monday announced the decision to call for voluntary testing of people who received transfusions before the blood supply was screened for AIDS The Government has also unveiled a 42-page AIDS education plan.

The long-awaited plan, to be distributed in about 10 days, calls for specific information on AIDS and its prevention be made available to all Americans. This includes calling for the use of condoms for sexually active people.

But it skirts the politically touchy issue of how to accomplish that among school children and people of college age

Robert E Windom, assistant secretary for health at the Department of Health and Human Services, released the plan late on Monday after it received final approval from HHS Secretary Otis R Bowen.

'I think the message will be delivered, maybe, in 6 000 different ways,' Mr Windom said in an interview. 'There are a lot of people with innovative ideas on how to do something'

Part of the plan calls for educators from around the country to meet officials of the Centres for Disease Control in Atlanta to discuss the possibility of developing model AIDS prevention courses for schools

Approach

But Mr Windom said if local school officials are opposed to a particular approach, 'we're not going to force it upon them at all'.

He wrote: 'Any health information developed by the Federal Government that will be used for education should encourage responsible sexual behaviour — based on fidelity, commitment and maturity, placing sexuality within the context of marriage.

'Any health information provided by the Federal Government that might be used in schools should teach that children should not engage in sex, and should be used with the consent and involvement of parents.'

The appeal for testing of people who have received transfusions will be published on Friday.

Doctors will be encouraged to recommend that patients who had transfusions during that period 1977-1985 be tested for the virus, especially if they are sexually active and therefore at risk of passing the virus to others.

Gary R Noble, the Government's AIDS co-ordinator, said officials realise the call for voluntary testing of people who got transfusions 'will impact a lot of people and is not something to recommend lightly'.

The risk of getting AIDS from transfusions varies widely, depending on how much blood was received and where.

Doctors will be asked to concentrate on people at highest risk — those who received a lot of blood in regions of the country where AIDS is particularly prevalent, such as New York City, San Francisco or Los Angeles.

The tests would show whether a person has developed antibodies to the AIDS virus, but a positive result does not mean the person necessarily will develop the disease.

The chance of being exposed to AIDS through a transfusion now is considered slight, since testing of all donated blood began in 1985.

Of the 31 982 cases of AIDS reported in the United States, 657, or about 2%, have been blamed on transfusions.

AIDS, transmitted through blood and other body fluids, first showed up in the United States in 1981 and is passed most often by sexual contact. It also can be transmitted by contaminated needles shared by drug users and from mothers to children at or before birth.

AIDS is an affliction in which the body's immune system becomes unable to resist disease — (Sapa-Reuter-AP)

Press baron

LISBON—Australian-born Press baron Rupert Murdoch is in Portugal to discuss possible involvement in the local media, including a proposed private television channel, official sources said yesterday. — (Sapa-Reuter)

Aids: Dentists' head apologizes

Cape Times 19/3/87 (92)

By CHRIS ERASMUS

THE executive director of the Dental Association of SA has apologized to his medical colleagues for suggesting that they did not have "their house in order" over the Aids problem.

But Dr Helmut Heydt yesterday reiterated his plea to doctors for help in protecting dentists from the dangers in treating infected patients.

"I am sorry if my medical colleagues took offence at my remarks; that was not meant. But I am very concerned, and so are many other dentists, about this problem and it came as a great shock to learn that someone I know well was exposed unknowingly to the virus," he said.

"What we would like is for doctors, as a standard procedure, to impress upon their patients who are infected with the virus to inform their dentist or any other health professional treating them of the situation."

In this way, said Dr Heydt, the issue of patient confidentiality would not come into the picture since it would not involve the breach of confidentiality in, for instance, a doctor calling up a dentist to tell him that a certain patient had been infected by the Aids virus.

□ According to Dr Frank Spracklen, a member of the Aids Advisory Group, there have been 64 cases of Aids in South Africa, of whom 38 have died.

In Cape Town there were at least 80 patients with the milder and usually non-fatal Aids-Related Complex (ARC), while the number of ARCs for the whole country could be about 600, he said.

There were an estimated 5 000 to 6 000 infected people in South Africa and perhaps as many 2 000 infected people in Cape Town alone, although these figures could only be roughly estimated because of the lack of data.

ARGUS

92

SA police given guidelines on Aids

The Argus Correspondent

JOHANNESBURG. — Policemen throughout South Africa have been warned against Aids and have been issued with strict guidelines to follow if they come in contact with possible sufferers.

The warning — issued as a circular to divisional commissioners — was made by the senior deputy commissioner (administration), Major-General J Coetzee, in Pretoria this month.

He gave the warning after Cape Town police recovered the body of Aids victim Mr Wally Banks who had apparently jumped off a cliff. However, tests conducted on the policemen showed negative results.

A spokesman said that as far as was known no policeman had contracted the disease.

A medical register was to be opened for any policeman who may become infected, the circular instructed.

Policemen were also warned against contact with the blood of possible victims of infectious diseases.

In addition, all injured persons or bodies were to be treated as possible carriers of infectious diseases.

Those policemen who come in contact with a possible Aids victim must immediately have two blood samples taken for analysis and SAP headquarters in Pretoria must be informed immediately.

Blood tests must be repeated eight weeks after initial contact and again every three months for a year, the circular said.

● The Argus Foreign Service reports from London that in the first such test involving a human, a French medical researcher has injected himself with an experimental vaccine containing components of the Aids virus — and has suffered no side effects.

The researcher, Dr Daniel Zagury, has remained healthy with no apparent damage to his immune system after nine weeks.

Dr Zagury and his colleagues at the Universite Pierre et Marie Curie, in Paris, report the experiment in a scientific magazine.

Potential vaccine against Aids is developed in US

NEW YORK — US drug maker Bristol-Myers has developed a potential vaccine against Aids and is to ask the Government this month for permission to test it on humans.

Scientists say developing an effective Aids vaccine is the only real hope for controlling the spread of the disease which has struck 30 000 people in the US and an estimated 100 000 worldwide.

The company is the second US research organisation to seek permission for human testing of an Aids vaccine.

A team headed by Dr Allan Goldstein, of George Washington University, was the first.

A Government spokesman said human testing of Aids vaccines might begin by the end of the summer, but the marketing of such a vaccine was probably years away.

If Bristol-Myers is given permission, it could take another three years for Government medical staff to review the results of the tests before approving the vaccine for use.

If permission is granted, several phases of human testing involving larger numbers of patients will be required.

A vaccine works by inducing the body's immune system to produce antibodies which attack and kill an invading virus.

Bristol-Myers said its scientists had used genetic engineering techniques to create a vaccine which produced antibodies to the Aids virus in mice and monkeys.

Since animals do not develop Aids, however, it is necessary to test potential vaccines on humans.

In Europe, French and Zairean scientists said in a British scientific journal that one of them was injected with an Aids-related virus in a breakthrough experiment aimed at developing a vaccine against Aids.

The scientists said the work appeared to trigger an immune response in the human guinea pig.

(92) (3) STAR 20/3/87

Police warned against AIDS

Crime Reporter

Policemen throughout South Africa have been warned against the killer disease AIDS and have been issued with strict guidelines to follow if they come into contact with possible sufferers.

The warning was issued this month as a circular to divisional commissioners, by senior deputy commissioner (administration) Major General J Coetzee in Pretoria.

He gave the warning after Cape Town police recovered the body of AIDS victim Mr Wally Banks after he apparently jumped off a cliff. Tests conducted on the policemen proved negative.

A spokesman said "as far as was known" no policeman had yet got the disease.

Those policemen who came into contact with a possible AIDS victim were immediately to have two blood samples taken for analysis and SAP headquarters in Pretoria had to be informed.

Blood tests were to be repeated eight weeks after initial contact.

New SA herpes virus found

CAPE TOWN — A new, and possibly deadly, herpes virus has been discovered in SA.

The virus, which has "Aids-like" qualities, was discovered by Stellenbosch University virologists after two patients were diagnosed to be suffering from an unexplained fever-like condition.

One of the patients, a Cape man, died unexpectedly while the other, a man from a Central African country, has gone home and was still alive when last heard of.

The discovery of the virus is claimed to be a world first for SA researchers.

But because it is so new, little is known about it — raising fears that the virus could present the same threat to SA's blood transfusion services as did the Aids virus in 1983/84.

Own Correspondent

The head of the US Department of Medical Virology, Professor Walter Becker, whose team was the first in Africa to isolate and culture the Aids virus in 1984, yesterday announced the discovery of the new herpes virus.

But he was careful to point out that much had still to be learnt about it.

"We can say that we have found a herpes virus that is similar to none of the four known herpes viruses. We also know that it infects the T-cells and kills them, as does HIV (the Aids virus)."

Audience hears of the horrors of AIDS crisis

Mercury Reporter

AIDS would probably cause more harm to mankind than the two world wars combined. In South Africa alone, 40 of the 62 people who had contracted the disease had died, an audience heard at a talk on the AIDS crisis at the University of Natal yesterday.

And the toll is so high in the U S that the disease has long been registered as an epidemic while several European countries are thinking of following suit.

While it is commonly known — although not officially acknowledged — the situation in Africa is far worse, with the Zambian Minister of Health saying an entire generation is at risk.

Carriers

According to the World Health Organisation there are more than 10 million people worldwide who are AIDS carriers, while in Africa — in which the disease is indigent — it is believed that almost 20% of the population in urban areas has already been exposed to the disease.

These were just some of the facts used by Dr Dennis Sifris, head of the Immune Deficiencies Clinic at the Johannesburg General Hospital and co-ordinator of the Gay Association of South Africa (Gasa) AIDS Action Group, to illustrate his talk.

Although thousands of people who are tested are found to have the AIDS antibodies, they do not necessarily go on to develop the fullblown disease. Instead, the virus is contained within the brain.

But, says Dr Sifris, a problem could arise within the next five to 10 years because it is not yet known what affect this 'harbouring' of the virus could have.

Turning to the question of where and how AIDS originated, Dr Sifris said it was believed to have been found first in the African Green Monkey in Zaire. The virus had mutated and become dangerous to man.

During the 1960s and 70s, Haiti and Zaire had had an exchange cultural programme. At the end of the programme, it was believed, the Haitians returning home had taken the disease across the Atlantic.

At the time Haiti had been a popular holiday destination for wealthy homosexual Americans. They had contracted the virus and then taken it back to the U S, from where it had spread to Europe.

On the question of whether AIDS could be transmitted via a mosquito bite, or communal use of a communion cup, Dr Sifris said it was not possible because the virus count would be too low.

Neither had there been any reports of family members or doctors or nurses who had accidentally pricked themselves with needles used on an AIDS patient contracting the disease.

'The mosquito theory is ruled out totally when one looks at the age groups affected by the disease. The group most greatly affected in South Africa is the 30-to-39 group.

'But in the 13-to-19-year-old group there have been no recorded cases. If vectors could pass on the disease, someone in this age group would have contracted the disease.'

A return to the morals of the Victorian era and a massive education campaign was needed, said Dr Sifris.

Sexual freedom is over, says doctor

Mercury Reporter

THE age of sexual freedom was over, Dr Dennis Sifris, co-ordinator of the AIDS Action Group, told a seminar at the University of Natal in Durban last night.

'It was nice while it lasted, but those days are definitely gone,' said Dr Sifris, who was speaking to doctors, nurses and members of the public, along with two other top medical researchers, Prof Barry Schoub and Prof Denis Pudifin.

And the days of sneaking sheepishly into chemist shops and asking for 'aspirin' should also end, he said. Members of the public, particularly the more promiscuous, had to be told of the necessity of using condoms to reduce the risk of AIDS.

'Let's use them ... let's not leave home without them.'

Dr Sifris, who is also head of the Immune Deficiency Clinic at the Johannesburg General Hospital, told the seminar that apart from a case of a British nurse accidentally injecting herself with contaminated blood, there were no documented cases of health care workers having contracted the disease through treating AIDS patients.

AIDS could only be spread through sexual contact, blood transfusions or pregnancy.

'Sweat, saliva and tears are not a route for transmission.

'Dry kissing — the way you would kiss your mother or mother-in-law — is perfectly safe.'

There was, however, a 'minimal risk' of contracting the disease through 'deep kissing, wet kissing and French kissing'.

'We have had cases in Johannesburg of cleaners donning gloves and masks before entering the rooms of AIDS patients, and of food being left outside the door.'

'Let's not let this happen. We are dealing with people dying in a most terrible way. We have taken a Hippocratic Oath and we are there to help them.'

No vaccine for AIDS 'this century'

NEW YORK—U S Surgeon General Everett Koop yesterday predicted that an effective AIDS vaccine would probably not be available this century.

'A vaccine for this very complicated virus, I don't think is on the cards in this century', he said.

The surgeon also said a cure for AIDS 'is very problematical'.

Dr Koop repeated his belief that the virus has already spread to heterosexuals in the United States. Earlier, high risk groups were identified as homosexual males and intravenous drug users, although in Africa the disease has struck heterosexuals.

While repeating his own opposition to abortion, Dr Koop urged women to be tested for AIDS antibodies before bearing children. He said pregnant women who tested positive should have the right to abortion counselling, if they desired it.

The nation's chief medical official and other experts who appeared on the same news programme called for increased efforts to educate the public about how to avoid infection with AIDS, which is transmitted through contaminated blood and shared needles, through intimate sexual contact or from an infected woman to her unborn child.

Dr Harvey Fineberg, the dean of Harvard's School of Public Health, said that the $80 million (R165 million) allocated this year to the U S Centres for Disease Control in Atlanta for AIDS education was less than a leading consumer goods company spent on advertising to introduce a new detergent and toothpaste.

'We don't know how well different strategies on education are going to work to deal with the problem as fundamental as sexual behaviour and other risk activities like use of intravenous drugs,' he said.

'The challenge to us as a society is to develop a series of strategies to try out in education. Let's find out what works.' — (Sapa-Reuter)

w/e Argus 21/3/87

Aids could wipe out half world's 'promiscuous population . . .'

92

Weekend Argus Correspondent

DURBAN. — AIDS could wipe out Africa's entire sexually promiscuous population by the turn of the century, warns a South African expert.

Every person who has more than one sex partner is at risk —but each person can choose to take life-saving precautions.

This was said today by leading Aids authority, Dr Dennis Sifris, head of the Immune Deficiencies Clinic at the Johannesburg Hospital, who is also co-ordinator of the Aids Action Group and part of the Aids team at the South African Institute of Medical Research.

In an interview Dr Sifris said that Aids was much worse and more devastating than bubonic plague.

"The world has become a global village and there is no country without it. Gone are the days when Aids could be confined to high-risk groups —which do not exist anymore because everyone who has sex with more than one person has a chance of getting it," said Dr Sifris.

"Aids is a sexually transmitted disease. It is not transmitted by mosquitoes, by drinking from someone's cup, from lipstick or toilet seats — and only one percent of Aids victims in the world contracted it from blood transfusions, so it is clearly up to each person to look after him or herself," he said.

It was time people stopped looking at obscurities and concentrated on the heart of the matter, which was people's sexual habits.

"Prevention and education are the only weapons we have because a vaccine is a long way off and a cure nigh impossible."

Dr Sifris listed the criteria that should be adhered to: "Nobody must have sex with more than one person, and if they do then it must be with the use of a condom."

While he said it sounded dramatic and exaggerated, Dr Sifris felt that the media could save the world by teaching people this simple fact.

"The most effective way of educating people is through the media. And even then we have an enormous problem reaching the black population."

Already there were an estimated 50 million carriers in the world and the numbers doubled every 10 months — which meant, in theory, that half the world could be obliterated by the turn of the century if a vaccine were not found or if people did not revert to monogamy.

The situation in Africa was worse than anywhere with figures exceeding even those of the United States.

"The disease is more widespread in Africa than we could even imagine and it is permeating throughout. There is no way of stopping it — no walls will keep it out," said Dr Sifris.

■ See page 6.

ARGUS 21/3/92

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He's the world's first Aids virus guinea pig

From WILLIAM LANGLEY of The London Daily Mail

PARIS.— In the breakfast room of their Paris townhouse, Martine Zagury's husband threw her the morning newspaper and said: "Take a look. I'm in it."

"I thought he'd won a prize," she said. But that may be somewhere in the future. Still in a dressing gown, she learned her husband had become the first human being to test an AIDS vaccine.

Known to only a tiny circle of colleagues, Dr Daniel Zagury, a 59-year-old immunologist, volunteered to take what may be the biggest and most perilous single step towards finding an AIDS cure.

In conditions of absolute secrecy, last November he filled a syringe and injected it into his left arm. The whole medical team at his Paris clinic held their breath. "It was one of the biggest steps into the unknown any of us had witnessed," said one of the research workers.

After seven days a small boil appeared where the needle had entered Zagury's skin. Then nothing.

"There was no fever and no pain," said Dr Zagury, "but in the lab when we analysed blood samples we began to see signs of specific anti-body elements that highly resisted the AIDS virus."

In France today he was being hailed as a national hero. "A missionary and pioneer in the great tradition of Pasteur," said one newspaper. The praise wasn't welcomed by Dr Zagury who promptly fixed a flight to the United States.

Early tests at his clinic suggest the vaccine is not only successful but so far free of side effects.



Daniel Zagury

Madame Zagury, at 59 an elegant, auburn-haired gynaecologist was only partly appeased by that. "He never said a word to me," she said. "But that is typical. When my husband decides to do something he commits himself totally.

"He is not crazy. If he believed the vaccine was dangerous he would not have taken it. There would have been no point in even developing it.

"I am a doctor, too, so maybe I understand better than most people why Daniel did this. In fact, I understand better as a doctor than as a wife."

Dr Zagury began work on AIDS research at the University Pierre et Marie Curie in Paris five years ago. Colleagues say he had become convinced that finding a cure is the greatest challenge in science.

"Above all, we must not start crying victory, otherwise we will deceive those tens of thousands of human beings waiting in desperation for a vaccine to be perfected."

No condoms for 'Aids factories

PRISON SEX ROW

Weekend Argus Correspondent

A MAJOR controversy is brewing over the issue of condoms to prisoners in South Africa following the first death of a prisoner from Aids.

The man's identity is being kept secret by prisons officials. He died early on Friday morning in a provincial hospital, bringing the total number of people to die of Aids in South Africa to 33.

A second prisoner with Aids is being treated in the same hospital, believed to be H F Verwoerd Hospital, Pretoria. He is not due for release from prison soon and could die in jail.

Although condoms are regarded as a totally-effective means to stop the transmission of the Aids virus if used correctly, SA Prisons authorities are adamant that they will not condone homosexual activities among prisoners by issuing condoms.

However, experts here and abroad believe that the time has come to accept the realities of prison life and stop the deadly disease in any way possible.

One local microbiologist has already warned that prisons could turn into "Aids factories".

Dr Marius Barnard, health spokesman for the official Opposition, believed that, ideally, every prisoner should be issued with condoms and that every prisoner should be tested for the disease.

"If this is morally unacceptable to the prisons authorities then, at least, issue condoms to those prisoners whose test results show that they have been exposed to the Aids virus.

South Africa had an average daily prison population of 115 460 in January, of which 65 381 were long-term prisoners. Overcrowding is a serious problem in local jails.

A prisons spokesman said: "As in the case in the community in general, homosexual tendencies are also found in the prison population. It should be pointed out, however, that prisoners are constantly under the control of trained personnel of the SA Prisons Service.

"Homosexual activities are not tolerated in prisons and the neccesary steps are taken against transgressors.

"Whether condoms should be made available to prisoners or not, it is clear that moral, religious, social and medical considerations are involved.

"The provision of condoms to prisoners will serve as condonation of homosexual acts, which are prohibited. Prisoners are, therefore, not provided with condoms."

The issue of condoms for prisoners is also being hotly debated in Britain and the United States.

Alan Dunn reports from Washington that American officials have 1 232 confirmed Aids cases in 58 of the country's 84 prison and jail systems, and a 72-percent surge of the disease in a year as against 79 percent in free-living America.

So far there have been only two confirmed cases of Aids among the South African prison population, but it is accepted internationally that for every confirmed case of the disease, 100 others are likely to be affected.

Blood tests

Prison and health authorites have identified high-risk categories of prisoners and blood tests are carried out on all such prisoners.

The identification and screening of prisoners in the high-risk category is a continuous process and all confirmed sufferers of the disease, carriers and suspected cases are segregated from the rest of the prison population to prevent further contamination.

It is standard policy to inform relatives of prisoners who are seriously ill and a study is underway about what to do with Aids carriers and sufferers on release from prison.

The Aids tale in SA

- 33 dead.
- 61 cases up to February 23, of which 48 were local cases.
- Two cases confirmed in SA prisons, of which one has died.
- Estimated number of AIDS carriers in SA is now 5 000, about half are expected to get the disease within five years and 75 percent will reach the final stages of the disease in seven years.
- First case of mother and baby exposed to the AIDS virus following a blood transfusion has been confirmed.

Prison Aids death

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ay Woods, Riverclub
199

Cape Times 21/3/87

92

By CHRIS STEYN

THE first South African prisoner to contract Aids died in H F Verwoerd Hospital in Pretoria yesterday.

And, in a bid to prevent further contamination of prisoners, all other suspected Aids cases are being segregated from the rest of the prison population.

The first two cases of Aids in the country's prisons were confirmed on Monday.

In another development, a spokesman for the Prisons Service disclosed yesterday that the central broadcasting systems at prisons were now being used to educate prisoners about the deadly disease.

When asked whether free condoms should not be issued to prisoners in a bid to contain the spread of the virus, the spokesman said that such a step would serve to condone of homosexual acts "which are presently prohibited".

"As is the case in the community in general, homosexual tendencies are also found in the prison population. It should, however, be pointed out that prisoners are constantly under the control of trained personnel.

"Homosexual activities are subsequently not tolerated in prisons and the necessary criminal and/or disciplinary steps are taken against transgressors," the spokesman said.

He said that members of the Prisons Service country-wide had already been alerted against the dangers of the disease.

Instructions had been issued to all commanding officers and heads of prisons to serve as guidelines for personnel who might be dealing with prisoners suffering or suspected of suffering from the disease.

Blood tests were taken from all prisoners regarded as falling into the high risk category and the identification and screening of prisoners in this category was a continuing process.

"The Prisons Service places a high premium on the positive results that may be achieved with the Aids education programme and this is therefore being done with the help of the Department of Health and Population Development throughout the Republic," the spokesman said.

Prisoners were warned regularly against the dangers of the disease and the ways in which it could be contracted.

He said the Prison Service's decision in 1985 to suspend the donation of blood by prisoners was a purely precautionary measure which proved to be the correct decision at that time.

The Aids education "task team" was presently dealing with the question of what was to be done on release of prisoners who suffered from Aids.

Bowie has Aids test

LONDON. — British singer/actor David Bowie said yesterday that he had been tested for Aids and urged others to follow his example.

Bowie said: "I would take an Aids test every time I change a partner, and I suggest everybody take one if they change partners."

Bowie, 40, called the fatal virus "one of the most frightening diseases this planet has ever faced". — Sapa-AP

(92) STAR 23/3/87

Authorities silent on prison AIDS death

By Sue Leeman,
Pretoria Bureau

The authorities have drawn a veil of silence around the death of the first prisoner known to have died from AIDS.

The Prison Service said today it would not be releasing the name of the man, who died of the disease on Friday morning in Pretoria's H F Verwoerd Hospital.

A second prisoner, also suffering from the disease, is still in the hospital in what is understood to be a serious condition. The Prison Service will only say he is not due for release "in the near future".

INFORMATION

A Prison Service spokesman this morning declined to comment on the dead man's identity or how he would be buried. He said it was prison policy that a family which requested to bury a prisoner would be given a "sympathetic hearing". However, if the request was granted, family members had to bear all funeral costs themselves.

He said it was not possible to give further details about the second man, as this information was a confidential matter between the patient, the family and the doctor concerned.

The Department of National Health and Population Development has declined to issue any statement on the matter. Superintendent of the H F Verwoerd Hospital Dr D J L van Rooy was unavailable for comment today and a spokesman for the hospital said no statement would be forthcoming.

The head of Transvaal Hospital Services, Dr Hennie van Wyk, also declined to comment.

The prison spokesman did confirm the service was concerned about AIDS and had issued an "AIDS alert" to all commanding officers and prison heads urging them to be aware of the possibility of AIDS among inmates.

However, he reiterated that "homosexual acts" were prohibited, and said prisoners would therefore not be supplied with condoms.

The spokesman said a variety of factors had been identified which served as criteria for identifying prisoners who were considered "high-risk".

All such prisoners were given blood tests and all confirmed or suspected cases were isolated from the rest of the prison population.

Prisoners were warned regularly against the dangers of AIDS and the ways in which it could be contracted.

The central broadcasting system in prisons was used for this purpose.

Individual prisoners also received private counselling by trained nursing staff. Social workers and educational staff were also included in the education programme.

Homosexual activities, he said, were not tolerated in prisons "and the necessary criminal and/or disciplinary steps are taken against transgressors".

He said it was felt that the provision of condoms to prisoners would condone homosexual activities.

The spokesman added that attention was being given to the question of what was to be done with sufferers on release.

'At least 1-m Africans will die from AIDS'

London Bureau

AN AUTHORITATIVE report on AIDS in the Third World estimates that at least 1 000 000 Africans will die of AIDS in the next decade.

The report goes on to say that this figure is probably an under-estimate Some African countries, in 10 years time, could have lost half their population through AIDS.

The report has been drawn up by Renee Sabatier, the director of the AIDS Information Programme of the Panos Institute. It was commissioned by the Norwegian Red Cross.

Speaking on BBC Radio 4 yesterday, Miss Sabatier said that, as more blood testing in Africa was being done, it was being found that most of the infection centred on major urban areas. But certain 'pockets' in the rural areas were also affected.

Pandemic

'It may be that the disease is spreading very quickly and eventually large parts of rural areas will be affected, but in some African countries — for example Uganda — rural areas are not very much affected yet.'

AIDS, however, was truly a 'global epidemic', Miss Sabatier said, what one called a 'pandemic'.

She said that an extreme prediction estimated that some countries, in 10 years time, could have lost half their population through AIDS.

Miss Sabatier pointed out that one of the problems the poorer African countries faced was the cost of any campaign to try and contain the epidemic.

'The cost of one blood test is about $3 to $5 (about R6,50 to R11) The health budget in a number of central African countries is only about $2 (about R4,20) per capita per year.'

She said the only way the disease could be combated would be by means of a very great international effort and international co-operation 'such as we've really never seen before in a battle against a disease'.

In Kenya some groups, including the Kenyan Red Cross, were involved in a comprehensive public education campaign. In Uganda and Ruwanda there were serious efforts on the part of governments and non-governmental organisations to 'get the message across'.

But what was needed was combined world efforts by all countries to try and control the disease.

Meanwhile, many American AIDS patients fear a painful choice between economic ruin and premature death due to the astronomic cost of a new drug called AZT which could prolong their lives, say officials who work with them.

The estimated cost of thousands of dollars (rands) for a year's treatment of the newly-approved drug may bar its use by those without private health insurance who do not meet the poverty levels required to qualify for the federally-funded Medicaid health insurance programme

About 30 000 cases of AIDS have been diagnosed in the United States.

AZT, or azidothymidine, was the first drug approved by the Government for treatment of AIDS patients in the United States.

Developed by North Carolina-based Burroughs Wellcome Co, the U S arm of Britain's Wellcome plc, it has also been approved for marketing in Britain and France.

Kathy Bartlett, a Burroughs Wellcome spokeswoman, said the company estimated that after federal Food and Drug Administration (FDA) approval last week, AZT's retail cost will be from $7 000 to $10000 (about R15 000 to R21 000) for a year's treatment.

The drug, to be marketed under the name Retrovir, is not a cure for the killer disease but has been shown in clinical trials to slow its progression. — (Sapa-Reuter)

Doctors 'won't tell on AIDS patients'

23/3/87 @N/M

Mercury Reporter

DOCTORS would not 'spy' on patients to provide information to life insurance companies about whether they had AIDS, the Medical Association (Masa) said yesterday.

The chairman of Masa's federal council, Dr Rene le Roex of Pietermaritzburg, said: 'The ethics of AIDS are no different from the ethics of any other disease.

'We have a very strict rule about this: A doctor will give no information to an insurance company about a patient's health without the written consent of the patient.'

Secret

Dr le Roex was responding to a report in which it was said that at least one doctor had been approached 'in confidence' by an insurance company for a secret AIDS report on a patient.

He said yesterday: 'I'd have no problem with an insurance company wanting me to test someone for AIDS. It's simple — either you get your patient's consent, or you don't do it.

'The patient then has the choice. He can have the test done and take out the insurance, or he can refuse.

'Legally and ethically your responsibility is primarily to your patient unless the well-being of society as a whole is greatly at stake. There are obviously going to be grey areas, but at the moment AIDS isn't one of them.'

He pointed out that AIDS was not yet a notifiable disease in South Africa.

Meanwhile a national survey has found that Durban women are the most concerned in the country about reports on the incidence of AIDS.

An Omnichek poll which canvassed the views of a sample of 801 English- and Afrikaans-speaking women throughout the country, found that concern was highest in Durban with 92% of women reporting 'great concern' or 'some concern', followed by Cape Town at 85% and Pretoria, Johannesburg and the Vaal Triange at 83%.

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Cape Times, Monday, March 23, 1987 3

Aids: Doctors 'won't spy'

Own Correspondent

DURBAN. — Doctors would not "spy" on patients to provide information to life insurance companies about whether they had Aids, the Medical Association (Masa) said yesterday.

The chairman of Masa's federal council, Dr Rene le Roex of Maritzburg, said: "The ethics of Aids are no different from the ethics of any other disease.

"We have a very strict rule about this. A doctor will give no information to an insurance company about a patient's health without the written consent of the patient."

Dr Le Roex was responding to a Sunday report in which it was said that at least one doctor had been approached "in confidence" by an insurance company for a secret Aids report on a patient.

He said yesterday: "I'd have no problem with an insurance company wanting me to test someone for Aids. It's simple — either you get your patient's consent, or you don't do it.

"The patient then has the choice. He can have the test done and take out the insurance, or he can refuse.

"Legally and ethically your responsibility is primarily to your patient unless the well-being of society as a whole is greatly at stake. There are obviously going to be grey areas, but at the moment Aids isn't one of them."

He pointed out that Aids was not yet a notifiable disease in South Africa, meaning it was not obligatory to inform the authorities of cases.

Report: Aids will kill 1m Africans in decade

LONDON. — An authoritative report on Aids in the Third World estimates that at least one million Africans will die of Aids in the next decade.

The report goes on to say that this figure is probably an under-estimate. Some African countries, in 10 years' time, could have lost half their population.

The report has been drawn up by Miss Renée Sabatier, the director of the Aids Information Programme of the Panos Institute. It was commissioned by the Norwegian Red Cross.

Speaking on BBC Radio 4 yesterday, Miss Sabatier said that, as more blood testing in Africa was being done, it was being found that most of the infection centred on major urban areas. But certain "pockets" in the rural areas were also affected.

"It may be that the disease is spreading very quickly and eventually large parts of rural areas will be affected but in some African countries rural areas are not very much affected yet."

She said the only way the disease could be combated would be by means of international co-operation "such as we've really never seen before."

Third World AIDS warning

LONDON — A report on AIDS in the Third World estimates at least 1-million Africans will die of the disease in the next decade.

This figure is probably an under-estimate, it adds — some African countries could lose half their population through AIDS in 10 years' time.

The report has been drawn up by Renee Sabatier, director of the AIDS Information Programme of the Panos Institute. It was commissioned by the Norwegian Red Cross.

Sabatier says that, as more blood testing in Africa is being done, it is being found that most of the infection centres on major urban areas. But some rural areas are also affected.

"It might be that the disease is spreading

Own Correspondent

very quickly, and eventually large parts of rural areas will be affected," she says.

AIDS is a global epidemic, Sabatier adds. One could call it a "pandemic".

One of the problems the poorer African countries face is the cost of any campaign to try to contain the epidemic.

She says the only way the disease can be combated is by means of international co-operation "such as we've never seen before in a battle against a disease".

Even if this is done, Sabatier says, authorities wonder if this will be enough.

AIDS: PRISONERS WILL NOT GET CONDOMS

THELMA TUCH

THE Prisons Service has decided not to provide prisoners with condoms as a precautionary measure against transmission of AIDS.

Two positive cases were recently confirmed by the service and one of the prisoners has subsequently died from the disease.

A service spokesman said yesterday the provision of condoms to prisoners would condone homosexual acts which were not tolerated in prisons.

He said blood tests were taken from all prisoners who had been identified as being at risk with AIDS. The service, with the Department of Health, had formulated criteria to identify such prisoners. All confirmed AIDS sufferers and carriers were segregated from the rest of the prison population to prevent more contamination.

A comprehensive survey had been initiated to screen high risk groups to monitor the possible occurrence of AIDS. Those confirmed as having been exposed to the virus would be segregated and counselled by informed personnel.

☐ In 1985, the service decided to suspend donations of blood from prisoners as a precautionary measure against the transmission of infectious diseases.

Death of Aids man: partner pleads guilty

MINEOLA, New York — The murder trial of a 20-year-old man ended abruptly yesterday when he pleaded guilty to manslaughter for killing a man who told him he had Aids after they had had sex.

Lorenzo Owens told Nassau County Court Judge Richard C Delin that he slit the throat of Kenneth Grice, 22, in Mr Grice's home on April 20, shortly after the two had sex.

Owens faces a maximum prison term of 25 years when he is sentenced April 21. The minimum term is two to six years for the felony conviction.

Nassau County Assistant District Attorney William Dempsey said there was "very strong evidence" that Owens's story told to police was accurate and the jury would have believed it.

Owens, a homeless man, said in his confession that he was invited to the Grice home three days before the killing. He said that he got up on Sunday morning, April 20, 1986, and Grice told him had tested positively for Aids.

"I was getting very upset. We started tussling (and) I cut his throat," he told the jury. — Sapa-AP

(92) EPost 24/3/87

'Frank, dramatic warnings needed'

ARGUS 24/3/87 (92)

The Argus Correspondent

JOHANNESBURG. — The government has *carte blanche* from most South African women to introduce frank and dramatic warnings against promiscuity and unprotected sexual practices in Aids propaganda.

Although women are most likely to object to too-explicit messages about Aids, 93 percent of those who took part in an urban poll conducted by Research Surveys Omnichek are in favour of shock-tactic Aids propaganda instead of the softer line adopted by the government.

Only one percent said frankness was a "bad thing".

"The Omnichek poll suggested a very high level of awareness as well as concern even though the incidence of Aids in South Africa is only 61 cases," said Mr Butch Rice, managing director of Research Surveys.

The poll showed eight out of ten women are worried about reports on the incidence of Aids — 56 percent expressed "great concern" while 29 percent said they had "some concern".

There was more all-round concern in port cities like Durban and Cape Town but 85 percent of women in Johannesburg, Pretoria and the Wiwatersrand revealed almost as much concern.

More Afrikaans-speaking women (62 percent) than English-speaking women (50 percent) expressed "great concern" and women over 50 seemed more aware of the Aids incidence than younger women.

Cape Times 24/3/87

SA prisons act on first Aids jail death

PRETORIA. — South Africa's prisons are on "full Aids alert" following the death of a prisoner suffering from Aids.

The Prisons Service has not yet released the name of the man who died on Friday morning at Pretoria's HF Verwoerd Hospital.

He is the first prisoner to die of the disease.

A second prisoner, also suffering from Aids, is in a serious condition in the hospital. A Prisons Service spokesman says he is not due for release "in the near future".

The spokesman said that the provision of condoms to prisoners would be seen to condone homosexual acts which are not tolerated in prisons, and therefore the condoms would not be supplied.

"There are moral, religious, social and medical considerations involved concerning the question of whether condoms should be made available to prisoners or not."

Blood tests, he said, were taken from all prisoners who had been identified as being at risk for Aids.

All confirmed sufferers had been segregated from other prisoners.

A comprehensive survey had been initiated to screen high-risk groups to monitor the possible occurrence of Aids.

◻ In 1985 the Prisons Service decided to suspend prisoners from donating blood as a precautionary measure against the transmission of infectious diseases. — Own Correspondent and Sapa

Researchers warn of imminent Aids plague

Cape Times 25/3/87

92

By CHRIS ERASMUS

UNIVERSITY of Cape Town medical researchers believe South Africa faces an Aids epidemic unless immediate action is taken — and a leading medical expert has warned that Aids could wipe out Africa's entire sexually promiscuous population by the turn of the century.

In another development, UCT criminologist Mr Wilfried Schärf has said it would be "virtually impossible' to control the spread of the Aids virus among prisoners because of widespread homosexuality.

He said it was a fact that prison-type institutions encouraged homosexuality and that the prison authorities "are going to have a hard time limiting the spread of the Aids virus — it will take a mammoth effort to re-educate these people about the dangers of their sexual habits".

The Prisons Service said provision was being made to segregate prisoners whose exposure to the virus had been confirmed and to screen those at high risk to monitor the extent of infection.

But, said Mr Schärf, with a daily population of about 113 000, an annual flow-through of over 500 000 prisoners and some prisons overcrowded by 300%, the prisons would be hard-pressed to keep control of the situation.

"If a small number have been infected, it may be possible to segregate them, but how will they know who is infected and without extensive testing, and that is going to be very difficult."

'Sexual slaves'

The widespread existence of "wyfies", or subordinate male prisoners used as "sexual slaves", had been documented in a 1984 report by the HSRC and the elimination of this system, which would tend to spread the virus among prisoners, would be extremely difficult, he said.

Meanwhile Sapa reports that Dr Dennis Sifris, head of the Immune Deficiencies Clinic at Johannesburg Hospital, said it was essential people take "life-saving" precautions to prevent the spread of Aids.

Dr Sifris who is also co-ordinator of the Aids Action Group and part of the Aids team at the South African Institute of Medical Research, said: "Prevention and education are the only weapons we have because a vaccine is a long way off and a cure nigh impossible."

He said that with an estimated 50 million Aids carriers in the world, the media could save the world by teaching people about contraception.

"The numbers double every 10 months — which means, in theory, half the world could be obliterated by the turn of the century if a vaccine is not found or if people do not revert to monogamy."

And in their pamphlet entitled "Aids for Everyone", the UCT Medical School researchers warned that the "blunt truth" was that only a change in sexual habits would spare South Africa from an epidemic of the deadly disease

They urge single-partner relationships, total abstention from sexual intercourse with people who have had many sexual partners and the use of condoms to cut down the risks of infection.

"By intensive and massive public education *now*, we may be able to control the Aids epidemic in the Republic," they say.

Church warning on gay actions

CAPE TOWN — Homosexual men and women who "flaunt" their sexual leanings should be denied penance and communion, according to the official newspaper of the Catholic Church.

A leading article in the latest *Southern Cross* said it should be recognised that in public life homosexuals were liable "to stand condemned as unreliable persons, or suspected as such".

26/3/82 STAR (92)

COMPASSION

According to the article, the first requirement of the "correct Christian teaching" was that individual passive homosexuals should be treated with compassion, but the commission of homosexual acts was immoral and should be condemned as sins.

"They are a perversion of the sexual powers which are given to us by God and can only be used in time of marriage."

It was possible that the passive male homosexual or lesbian was not responsible for his or her "condition", and should seek to live the Catholic teaching on morality in the matter of sex.

ENCOURAGED

"They should be encouraged to use the sacrament of penance and receive Holy Communion frequently. They may become active members in the normal societies of the church, even if their passive condition is known but if they are giving an example of good Christian living."

Homosexuals were called to carry out the will of God in their lives "by joining whatever sufferings and difficulties they experience in virtue of their condition to the sacrifice of the Lord's cross". — Sapa.

Rescue team members are free of AIDS

26/3/87 SMM (92)

CAPE TOWN. — Results of tests on two of six Cape Town emergency workers exposed to the blood of an AIDS virus carrier who died on Chapman's Peak have shown they have not developed antibodies.

A police spokesman confirmed yesterday that the results of tests on Sergeant Arnold Liebenberg and Constable Casper van der Merwe were negative.

The results of tests on the other four Metro workers were not available.

The team removed the body from the mountain.

The Administrator of the Cape, Mr Gene Louw, said at a Press conference soon after the incident in January that all equipment involved in the rescue had been fully decontaminated and "there was no possible hazard to the public". — Sapa.

AIDS warning

CAPE TOWN — University of Cape Town medical researchers believe South Africa faces an AIDS epidemic unless immediate action is taken — and a leading medical expert has warned that AIDS could wipe out Africa's entire sexually promiscuous population by the turn of the century.

In another development, UCT criminologist Mr Wilfred Scharf has said it would be "virtually impossible" to control the spread of AIDS (Acquired Immune Deficiency Syndrome) among prisoners because of widespread homosexuality.

He said prisons encouraged homosexuality and that the prison authorities "are going to have a hard time limiting the spread of the AIDS virus — it will take a mammoth effort to re-educate these people about the dangers of their sexual habits". — Sapa.

[redacted]

AIDS epidemic warning

(9) 26/3/87 Sowetan

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In another development, UCT criminologist Mr Wilfred Scharf has said it would be "virtually impossible" to control the spread of the AIDS virus among prisoners because of widespread homosexuality.

He said it was a fact that prison-type institutions encouraged homosexuality and that the prison authorities are going to have a hard time limiting the spread of the aids virus . — Sapa.

Aids: More pressure on ethics

Cape Times 26/3/87 92

PRETORIA. — Aids is placing increasing pressures on medical ethics and government actions regarding the disease.

Observers say the public, concerned about the authorities' failure to stem the spread of Aids, may request a relaxation of the secrecy thrown around Aids sufferers' identities.

The first prisoner — and 33rd South African — died of Aids in Pretoria's H F Verwoerd Hospital on Friday. On Sunday an Aids sufferer died in Tygerberg Hospital.

The Prisons Service said it had put out an "Aids alert" to all commanding officers and prison heads, urging them to be aware of the possibility of Aids among inmates.

But it refuses to supply inmates with condoms because it says this would amount to "condoning" homosexual practices.

A Cape Town biochemist, Mr Hugh Patterton, yesterday said it was "surprising" that the alert was only being issued now.

"From experience gained abroad they should have acted long ago and their failure to do so amounts to a certain degree of negligence," he said.

The Prisons Service's refusal to supply condoms could contribute to Aids being spread in prisons, he said.

"The Prisons Service should not be concerned about being seen as 'condoning' homosexual practices. Its main concern should be the health of the broad community and the containment of Aids.

"Due to the abnormal circumstances inside prisons the service should expect homosexual practices to occur," Mr Patterton said.

"Also, people who are sent to jail should be able to go without fear of contracting Aids."

He questioned the validity of medical ethics which prevented high risk people like dentists from being informed of an Aids sufferer's identity.

A number of Aids sufferers had publicly expressed a desire to infect others.

A shining ethical system established at the cost of an extinct human race would be worthless, Mr Patterton said.

The Prisons Service yesterday declined to say whether two Aids-suffering inmates had contracted the disease inside prison, or to supply the date on which the "alert" was sent out.

— Sapa

Medical ethics and Govt under AIDS pressure

26/3/1992
MM

PRETORIA—AIDS is placing increasing pressures on medical ethics and Government actions regarding the disease.

Observers say the public, concerned by the authorities' failure to stem the spreading of AIDS, may eventually request a relaxation of the secrecy thrown around AIDS sufferers' identities.

The first prisoner — and 33rd South African AIDS victim — died of AIDS in Pretoria's H F Verwoerd Hospital last Friday. At the weekend another sufferer died in the Cape.

The Prisons Service said it had put out an 'AIDS alert' to all commanding officers and prison heads urging them to be aware of the possibility of AIDS among inmates.

But it refuses to supply inmates with condoms because it says this would amount to 'condoning' homosexual practices in prison.

A Cape Town biochemist, Mr Hugh Patterton, said yesterday it was 'surprising' that the alert was only being issued now.

'From experience gained abroad they should have acted long ago and their failure to do so amounts to a certain degree of negligence,' he said.

The Prisons Service's refusal to supply condoms could contribute to AIDS being spread in prisons, he said.

Abnormal

'The Prisons Service should not be concerned over it being seen as "condoning" homosexual practices — its main concern should be the health of the broad community.

'Due to the abnormal circumstances inside prisons the service should expect homosexual practices to occur,' Mr Patterton said.

'Also, people who are sent to jail should be able to go without fear of contracting AIDS.'

He questioned the philosophical validity of medical ethics which prevented members of the public — especially high risk ones like dentists — from being informed of AIDS sufferers' identities.

A number of AIDS sufferers had publicly expressed a desire to infect other humans — such as spitting at, biting, or sleeping with them.

A shining ethical system established at the cost of an extinct human race would be worthless.

The Prisons Service declined to say yesterday whether the two suffering inmates had contracted the disease inside or outside prison, or supply the date on which the 'alert' was sent out.

Police said because an AIDS death was considered 'natural', the public could not learn from a medico-legal inquest whether they had been in contact with a sufferer. — (Sapa)

Study reveals new AIDS shock

London Bureau

A MUCH higher proportion of those infected with the AIDS virus will go on to develop the full and fatal disease than had previously been thought, a new British study states this week.

The study, by Dr Malcolm Rees of St Stephen's Hospital, London, found that the average time between infection and development of AIDS is 15 years.

Although some people will develop AIDS in less than five years, more than half of those infected will get the disease within 10 to 20 years.

The predictions are based on a study of people infected by blood transfusions whose precise date of infection was known.

Dr Rees estimates that 100 000 people were infected with AIDS in Britain in the middle of 1985 — more than four times the official estimate — and all will eventually develop the full disease.

The study estimates that around the end of 1984, 2 500 000 Americans had been infected and would develop AIDS over the next 30 years or so, barring medical advances.

Meanwhile, from Tokyo Sapa-Reuter reports Japanese scientists as saying they have developed a material which can help detect AIDS by indicating AIDS virus in blood samples.

Major AIDS scare rocks Pretoria

A major AIDS scare has rocked Pretoria after a patient who was taken to hospital in an ambulance last week was found to be have the disease.

An undisclosed number of other patients who have since been carried in the same ambulance, as well as the ambulance crew, have been told of a positive test on the patient.

The 40-year-old man, who was released recently from Pretoria Central Prison, was picked up when he was found lying on the corner of Van der Walt Street and Schoeman Street on March 18.

He was taken to hospital where doctors diagnosed AIDS. The city's ambulance service was informed and hospital staff requested all emergency personnel who had been in contact with the man to report for tests.

—Pretoria Correspondent.

'Hysteria' over missing Aids man

Cape Times 28/3/92

Staff Reporter

PRETORIA has been hit by Aids hysteria with a sufferer "missing on the streets" after it was disclosed that a former convict and Aids-sufferer was last week taken to hospital by ambulance — which has since been used to transport a number of patients.

The patients, whose numbers were undisclosed according to reports, and ambulance personnel have all been informed of the positive test on the Aids victim.

Meanwhile, it is believed the 40-year-old victim has since gone missing.

He was recently released from Pretoria Central Prison and was picked up for the first time when he was found lying on a Pretoria street corner on Wednesday, March 18.

He was taken to hospital where doctors diagnosed Aids.

The city's ambulance service was then informed by hospital staff who requested all emergency personnel who had been in contact with the Aids sufferer to report for tests.

Victim disappeared

They also wanted the names and addresses of all patients transported in the ambulance in which the man had been transported the week before.

The victim disappeared from hospital on Tuesday and was again picked up by ambulance personnel in a central city flat but was reportedly "missing on the streets" again.

Last week, a prisoner from Pretoria Central Prison died of Aids in the H F Verwoerd Hospital.

Another prisoner, an identified Aids sufferer, is still being treated in the same hospital.

Experts interviewed have suggested that identified Aids sufferers be forced to wear a bracelet similar to those worn by people with dangerous allergies and other medical problems which could affect treatment by emergency teams.

Haunted by the 'ghost' of death

(92) SMAR 28/3/87

Playwright Lochner de Kock spent more than a year at a Johannesburg clinic researching AIDS so that he could write a play about the killer disease.

During that time he shared the victims' suffering, their agony, and even watched them die. Although he tried to keep an observer's objective distance, he found himself becoming involved in the dying patients' trauma — an experience that has left deep emotional scars.

But he says that at no time did he experience any personal fear.

"Through death I saw life," he says. "Sometimes they were so upset that they did not even want to see me."

SARA MARTIN

He has aptly called his play "HTLV-3", after the official medical term for the deadly virus.

"There is so much ignorance about this illness, which cannot be caught from ordinary physical contact — only the exchange of body fluids."

One facet that interested him at the onset of his investigation was the problem faced by upper-income AIDS sufferers.

"They are not accepted by hospitals because their income is too high, and private clinics are wary of accepting them as they fear it might frighten other patients off.

"They therefore have to find an institution or a secret place that might take them."

In his play, Lochner has mixed fact and fiction to protect the identity of the patients — and refuses to reveal the actual location of the ward.

"I chose this theme in an attempt to move away from politics, to a topic of wider interest," he said.

"It's a topic that affects us all. I call AIDS the 'Ghost of the Century' — it's something that haunts us all."

It was a doctor friend who introduced him to AIDS sufferers and helped him conduct a two-year-long investigation on the subject.

Besides studying the devastating effects of AIDS, he also studied its effect on what he calls "secondary victims": the lovers and families of AIDS sufferers; the guilt of healthy homosexual AIDS carriers who visited the critically-ill friends they had infected.

He also explored the religious implications for sufferers. "Many churches don't accept homosexuality, and when preachers came to visit the patients, there were conflicting emotions of guilt, acceptance, and total apathy from both sides," he said.

Lochner's "tragi-comedy" is scheduled to be published in Afrikaans in June. He is also preparing an English version.

Those first deadly signs

JOE OPENSHAW

The first symptoms of AIDS are known as "cotton wool spots" in the eye which may not be easily detected without close, expert examination.

The first discernible symptoms of AIDS are unexplained weight loss and fatigue. But a spokesman for the Department of Health warns that such symptoms could also indicate other conditions.

"Cotton wool spots" are now being recognised as the earliest signs of AIDS infection. After infection, inflamation of the retina or tell-tale "light cotton spots" appear at the back of the eye.

It has been reported that 81 percent of patients with "cotton wool" eye defects die.

EXPOSED

Symptoms, according to the Department of Health, usually appear after a period of from three months to four years when the patient who has been exposed to the AIDS virus develops ARC — AIDS Related Complex.

The spokeman warned that if weight loss persists, a doctor should be consulted. If it is accompanied by night sweats, recurrent fever and swollen glands in the neck, groin or armpits, medical help is imperative as these are classic AIDS symptoms.

Chronic diarrhoea and sores in the mouth and throat are usually accompanying symptoms. After this stage the patient may develop AIDS and the body's immune system will no longer be able to fight off a host of AIDS-related diseases whose first systems could be any of the following:

- Persistent dry cough and shortness of breath.
- Thrush in the mouth and gullet making swallowing painful.
- Appearance of painless, purplish bumps on skin or mouth.
- Prolonged diarrhoea.
- Signs of deterioration of the brain and paralysis.

A health department booklet, stresses that casual contact with carriers, such as touching, embracing, using the same linen and cups, swimming in the same pool, sharing a room or using the same bath, carries no risk.

The booklet is available free from The Director-General, Department of National Health and Population Development (Liason and Publications), Private Bag X63, Pretoria 0001.

Executives warned of lethal love

LONDON — Business executives who travel abroad must beware the hazards of sexual intercourse because they are now a prime risk group for catching AIDS.

One night in Bangkok, Hong Kong, Manila or Tokyo could be fatal, according to Dr Richard Dawood, author of a medical guide for travellers.

"Foreign businessmen are an easily identifiable target for prostitutes, who in some cities have AIDS infection rates approaching 100 percent," he says in the latest issue of Business Traveller magazine.

"Any such sexual encounter carries a risk that is rapidly becoming unacceptable."

Dr Dawood says travelling British executives have so far ignored the risks of contracting a sexually transmitted disease while abroad.

"Not all business travellers go abroad looking for sexual adventure, but it seeks them out sooner or later," he says.

"Awareness that these diseases exist has so far done little to influence sexual behaviour, especially in people who travel. Fear of Aids will change all that."

Dr Dawood said that to be on the safe side, businessmen should "avoid massage parlours and singles bars".

He advises them to avoid temptation by travelling with their sexual partner. "It is a suggestion that companies should examine carefully," the article continues.

SATURDAY STAR FOREIGN NEWS SERVICE

P.T.O.

SOUTH AFRICAN ALLIED WORKERS UNION (SAAWU)

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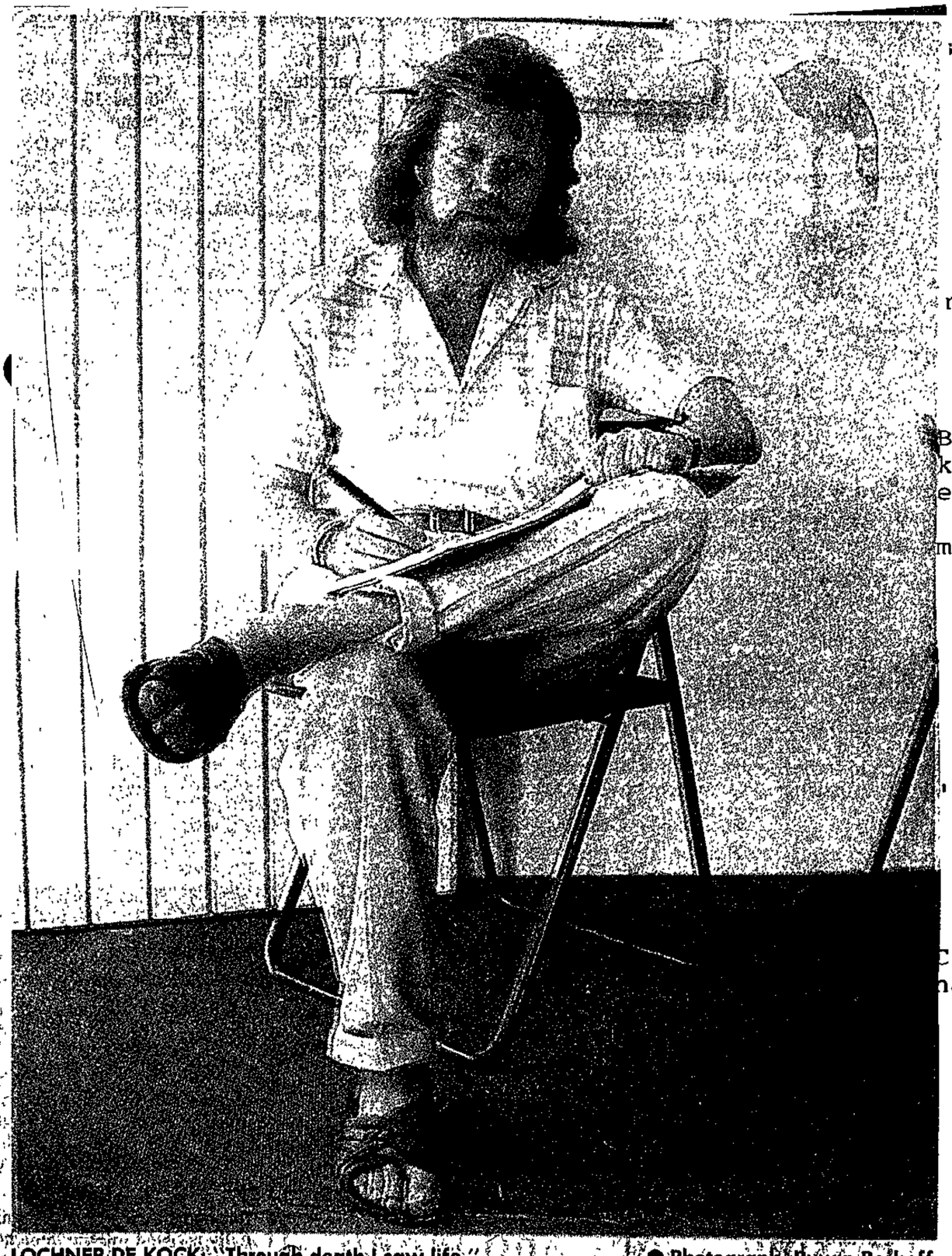

LOCHNER DE KOCK: "Through death I saw life." ● Photograph: Ruvan Boshoff

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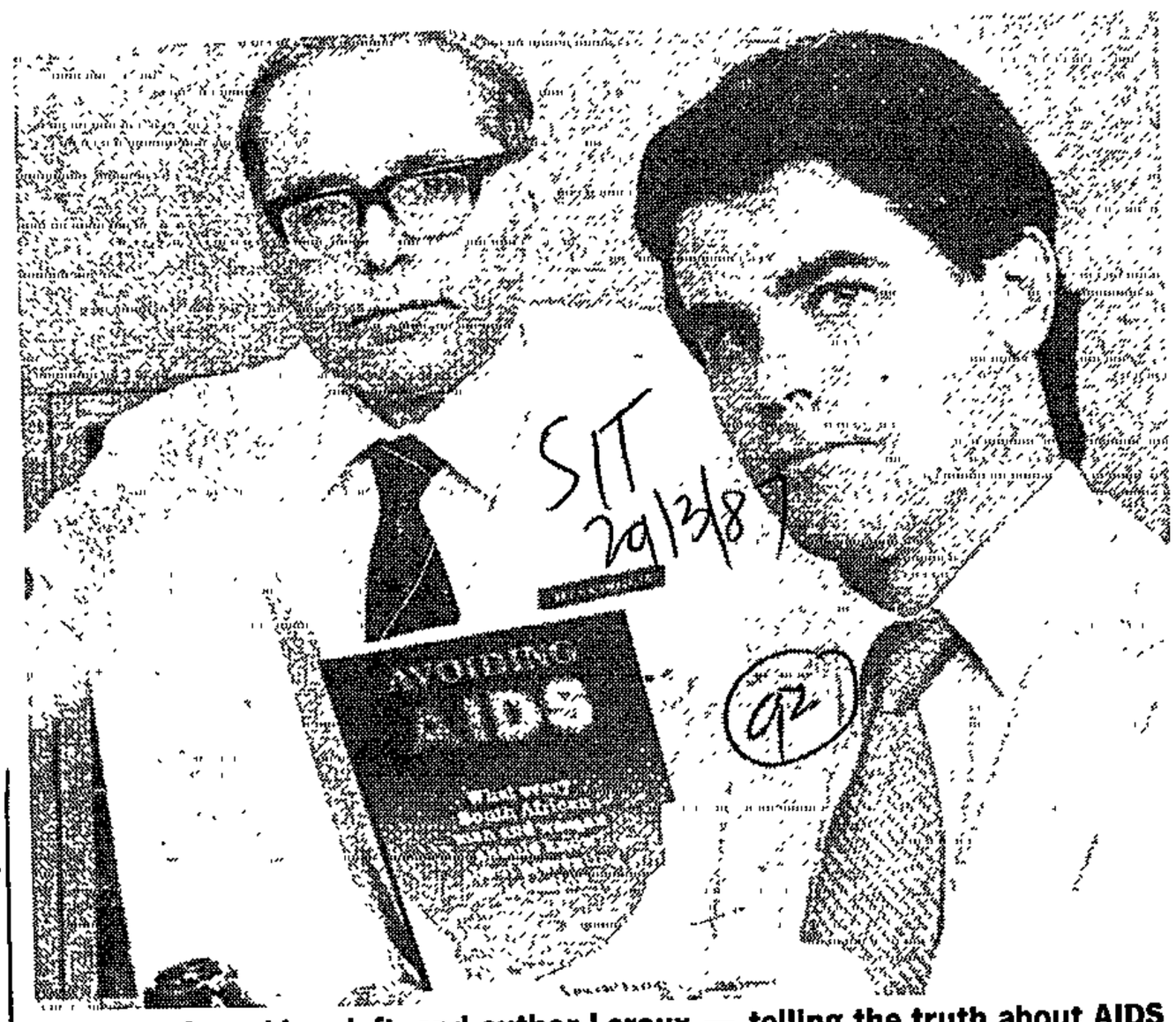

Dr Frank Spracklen, left, and author Leroux — telling the truth about AIDS

A to S guide on the danger of AIDS

By ALAN DUGGAN

NO HOLDS are barred in a new book on what every South African should know about avoiding AIDS.

Co-author Vincent Leroux believes his slim volume — retailing at R4,95 — is required reading for anyone who thinks that the whole AIDS issue is being blown out of proportion.

"It's time for plain talking. If the spread of AIDS in South Africa isn't checked soon, the situation could get entirely out of hand, as has happened in other countries," he says.

Leroux doesn't mince words, either. The dangers inherent in virtually every conceivable sexual act, both heterosexual and homosexual, are described in explicit detail.

Dangers

He explains: "You don't use euphemisms when you're talking about AIDS. You're talking about a matter of life and death.".

The 32-page book, "Avoiding AIDS", was written by Leroux and Dr Frank Spracklen, a member of the National Advisory Group on AIDS and head of the Department of Medicine at the Somerset Hospital in Cape Town.

Together, the two men have succeeded in explaining the dangers of casual sexual liaison in the sort of language that everyone will understand.

They deal with such questions as:

- How to minimise the chances of contracting AIDS when having sex (both heterosexual and homosexual contact)
- What to do if you are raped by an AIDS carrier
- The effects of AIDS on an unborn child
- The risks of "French kissing", oral sex, massage parlours, playing rugby, lavatory seats and mouth-to-mouth resuscitation
- How to be tested for AIDS, and the degree of confidentiality you can rely on

The authors describe typical symptoms of AIDS infection and provide a chilling breakdown of the disease's progress.

Chilling

They say few people with "full-blown" AIDS-related diseases live longer than three years after developing the first symptoms. Should the victim contract one of the "opportunistic" infections, they say, his life expectancy could be as little as 18 weeks.

Leroux believes South Africans have the right to know as much as possible about the disease that has already cost nearly 18 000 lives in the United States alone. The South African toll is 34 and rising.

The deadly virus has been reported in 90 countries, and World Health Organisation officials predict that as many as 100-million people will become infected during the next 10 years.

He observes: "In the case of married couples, an adulterous encounter now carries with it not only the danger of contracting AIDS, but also the tragic and terrifying possibility of unwittingly giving this killer disease to one's spouse."

- Copies of the AIDS book are available from: Anubis Press, Saambou Building, 45 Castle Street, Cape Town 8001.

Aids worldwide

WASHINGTON — Aids has spread to virtually every country in the world and as many as 10 million people are infected with the deadly virus. A World Health Organisation official, Dr Jonathan Mann, said yesterday that 99 countries have now officially reported Aids, including the Soviet Union and China. — Sapa-RNS

Argus 30/3/87

Now Aids experts enlist media help

92

Durban

By SHERYL RAINE

Dateline: JOHANNESBURG

EXPERTS who initially slammed the Press for sensationalising the Aids danger are now enlisting the help of the media to educate the public about the dreaded disease.

One South African doctor believes the media could save the world from an Aids disaster.

There is no panic about the disease in South Africa, but deep concern is spreading as more and more reports of the disease are received from different sectors of the community.

Traditional high risk groups included homosexual and bisexual men, intravenous drug abusers and haemophiliacs. But the focus has shifted to South Africa's prison population, dentists and policemen.

Head of the Immune Deficiencies Clinic at the Johannesburg Hospital and co-ordinator of the Aids Action Group has told a seminar in Durban that Aids could wipe out Africa's entire sexually promiscuous population by the turn of the century.

Dr Denis Sifris said: "Prevention and education are the only weapons we have because a vaccine is a long way off and a cure nigh impossible. The media could save the world by teaching people about contraception."

South Africa is not as badly affected by the disease as the majority of African countries or the United States but already the alarm bells are ringing.

Heightening awareness

So far health authorities have continued to fight Aids within the limits of the Department of Health's total R100 million budget and have resisted shock tactics to reach the public saying these tactics have not worked in Britain and are not cost effective.

The latest Omnichek poll in South Africa shows an extremely high level of awareness of the disease among white women but no surveys have yet been published which reflect the level of awareness among other population groups.

Although the Chamber of Mines has tested the blood of 26 525 black mineworkers and found that only 130 were infected by the Aids virus, the survey did not reflect awareness levels among black mineworkers of the Aids danger. None of the miners tested actually had the disease.

The Omnicheck poll showed more than eight out of 10 white urban women were worried about reports on the incidence of Aids.

Dentists have also been warned in a letter from the Dentistry Association of SA and published in a medical journal, to wear rubber gloves and face masks as well as to ascertain whether patients are Aids carriers or have the disease. It has been found that a dentist could be exposed to the virus if he has an open cut on his hand and comes into contact with a patient's blood.

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Desperate Aids sufferers turn to underground clinics

CHICAGO — Underground clinics in more than 40 US cities are dispensing homemade experimental drugs to desperate, dying Aids patients.

The clinics operate clandestinely to avoid legal problems and anti-homosexual activists.

They are run by volunteers via telephone answering machines and the mail, the Chicago Sun-Times said.

The clinics brew inexpensive versions of an experimental compound and distribute recipes for Aids medications not yet approved by the Government, the newspaper said.

Apparantly thousands of self-declared guinea pigs with Aids and related diseases are treating themselves with the drugs, contacting distributors of the mixtures through sympathetic doctors and ads in the gay Press.

One informant said an underground network stretches from Australia to West Germany with centes in cities as diverse as New York, Kansas City and London.

Jim Henry, the newspaper said, opened the first underground clinic in San Francisco in January 1986.

He mixes chemicals into a substance he says helps stimulate the body's immune system.

Henry, who suffered from Aids but maintains that his immune system has been restored, said he saw a friend make major gains after painting the substance on the skin.

"I watched his lesions clear up," he told the Sun-Times. "He gained weight. He was feeling good. I decided to make this treatment available to others."

So far, he says, he has not been bothered by the Government, but he has been criticised by doctors. — Sapa-AP

'No Aids vaccine this century'

NEW YORK — US Surgeon-General Everett Koop has predicted that an effective Aids vaccine would probably not be available during this century.

"A vaccine for this very complicated virus, I don't think is in the cards in this century," he said on US television.

The Surgeon-General, said a cure for Acquired Immune Deficiency Syndrome "is very problematical".

Mr Koop repeated his belief that the virus had already spread to heterosexuals in the United States.

While repeating his own opposition to abortion, Mr Koop urged women to be tested for Aids antibodies before bearing children.

The nation's chief medical official and other experts have called for increased efforts to educate the public about how to avoid infection with Aids, which is transmitted through contaminated blood and shared needles, through intimate sexual contact or from an infected woman to her unborn child. — Sapa-Reuter

Uganda gives lead in tackling AIDS

From The Economist

Uganda, like several other central African countries, has an epidemic of AIDS far worse than America's or Europe's. Unlike some of its neighbours, however, Uganda openly recognises the fact and is trying to do something about it. It is the first African country to begin a systematic control programme.

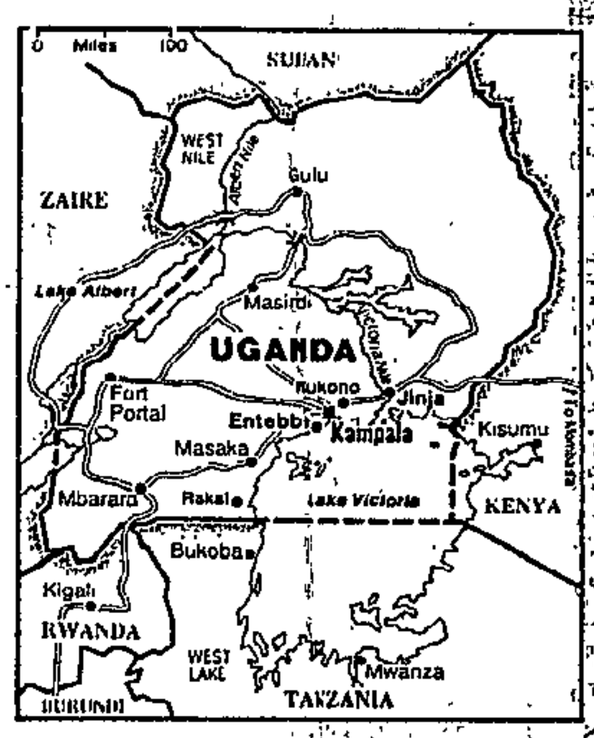
Nobody knows how many Ugandans have caught the AIDS virus. The best estimate is that 16 000 people, out of some 500 000, are infected in Kampala alone. Up to 12 percent of donated blood and 13 percent of mothers attending pre-natal clinics in the capital are infected. Tragically, about 5 000 of the babies born each year in Kampala have caught the virus in the womb.

At this rate, and without any changes in sexual habits, almost every adult in the capital will have the virus within 10 years.

The capital is not Uganda's worst-hit area. Its infection rates are following, with a delay of about two years, those in the south-west of the country, the part of Uganda closest to the world's worst-affected areas: Burundi, Rwanda, eastern Zaire and the West Lake district of Tanzania.

It was in the small Ugandan fishing villages along the shores of Lake Victoria that the prevalence of "slim", as the Ugandans call the disease, was first noticed four years ago. The few studies carried out suggest that a third of the people in this part of the country are infected.

The rest of Uganda is better off. In the northern town of Gulu, 13 percent of the people have the virus. In the rural West Nile and Mikono districts, fewer than 4 percent are reacting positively to blood tests. Yet AIDS is being spread to relatively untouched areas by two means.



One is the army. Its soldiers are now mopping up rebel forces in the rural north-east, but most of the soldiers come from the heavily infected southern regions. A team of Cuban doctors recently completed a survey of AIDS infection in the army: unofficial preliminary results are that one soldier in three is infected.

The virus has also been hitching a lift on the trucks that move along Uganda's main highway, which runs from the stricken areas of Zaire, Rwanda, Burundi and western Uganda eastwards to Kenya and the port of Mombasa. Tests by one large freight company in Kampala found that 30 percent of its drivers were infected. Prostitution is common along the route.

In one town in the Rakai district on the main trucking line from the south-west, thin girls can no longer get jobs as barmaids, because it is believed they may have AIDS. Too late: 80 percent of the barmaids in one town were found to be carriers.

The five-year control programme is intended to put blood-testing kits into all 46 government hospitals and to upgrade the East African Centre for Virus Research. This would allow an end to the present laborious procedure of sending all blood samples to Britain for testing.

For prevention, the Government is pinning its hopes on an education campaign.



The Star

Government restrictions

Although some of the restrictions on the Press imposed by the Emergency Regulations have been alleviated by the courts, newspapers are still not able to report freely on a number of issues. The Star will continue to make every effort to provide proper coverage. Where it fails, readers will be told.

SABC warns its news staff: Toe the line

Pretoria Correspondent

The director-general of the SABC, Mr Riaan Eksteen, has told TV1 News staff to toe the corporation's political line or get out.

"The people who are embarrassed over the SABC's view, or who do not agree with it, must say so clearly. They will not be resented. But the country and the SABC is going through a crisis and we shall only be able to survive if we all pull in one direction.

"Remember, if the country falls, the SABC will too," he told the meeting, according to a report in the corporation's in-house newspaper.

The report gives details of an informal question-and-answer session between Mr Eksteen and TV1 News personnel.

"The SABC has made a choice against revolution, and the SABC will stand against it in all its departments. Nobody within the SABC needs to be embarrassed by this viewpoint, but if there are people who are not prepared to pull with us in this direction, they must have the courage of their convictions to say so."

elsewhere to live out their views.

"In the SABC we can no longer afford to have different interpretations. We do not want to smother or dampen initiative.

"We just want to know that everyone is applying their energies in the same direction."

FOUNDED 1887
47 Sauer St, Johannesburg
South Africa's biggest daily newspaper
The International Airmail

SA researcher tells you all you'll EVER want to know about Aids

(92) CP 24/1/87

THE state government of New South Wales, Australia, has approved a law whereby Aids carriers who knowingly pass on the disease can be fined heavily.

"That's still a mere slap on the wrist for what could ultimately be seen as an act of culpable homicide, or even murder."

With this cogent remark, two men conclude one of the most frightening and sobering publications to be produced in South Africa: *AVOIDING AIDS: What every South African man and woman should know about preventing infection.*

The 32-page information booklet was written by Dr Frank Spracklen, a member of the National Advisory Group on Aids and an honorary senior lecturer in the Department of Medicine at the University of Cape Town, and Mr Vincent Leroux, author of several publications.

The booklet covers the whole ambit of the dreaded disease.

It gives a detailed analysis of the horrible implications for anybody with the Acquired Immune Deficiency Syndrome, and points out that besides breaking down the body's natural immunity system, the Aids virus may independently attack the brain.

Facts to frighten: KIN BENTLEY reports

It adds that the chances of a cure being found in the near future are minimal.

Perhaps more important to the average person is prevention.

In a chapter headed "Intimacy — the danger areas", the question is asked "how safe is kissing?" The booklet says a light kiss on the lips of an Aids carrier offers no danger. A "French kiss", the booklet says, may not be as safe.

A large portion of this chapter focuses on the dangers inherent in male homesexuality. "Male homosexuals unquestionably stand the greatest risk of contracting Aids."

The next chapter discusses "non-sexual, high-risk activities".

This deals with people such as nurses, who have to avoid coming into contact with Aids-contaminated blood, and the sharing by drug users of intravenous drug equipment such as syringes.

Also covered is the risk in going to the dentist (both for the patient and dentist in the case of unsterilised equipment in treating an Aids-carrying patient); eating food prepared by an Aids virus carrier; participating in sports where blood is spilled; giving artificial respiration and even being bitten by Aids-carrying mosquitoes and bedbugs.

There are also chapters on donating and receiving blood and getting tested for Aids.

However, the booklet is not entirely pessimistic and cites at least one happy ending.

It tells of a French couple. The husband contracted the Aids virus and passed it on to his wife. When tested, they were both seropositive — Aids infected. The husband died from the disease. The wife later took another test to discover that her body had rid itself of the virus.

The conclusion was that once repeated exposure to her husband's infected semen ended, the woman's body was able to defeat the Aids virus.

☐ The booklet sells for R4,95 (excluding GST). It is also available at R6 from the publishers: Anubis Press, 45 Castle Street, Cape Town.

Y. 15; 1987

(92)

Guardian 15/5/87

Aids kills 5 miners in SA in 10 weeks

JOHANNESBURG — Five South African mineworkers have died of Aids in the past 10 weeks, a Chamber of Mines spokesman has revealed. Another four miners had contracted the disease, he added.

One of the Aids sufferers was currently being treated in hospital, another was on leave and the other two were back at work. Of the five men who died, two had been repatriated to their countries of origin before their deaths.

To minimise the spread of Aids through the 700 000 employees in the mines, the industry was currently conducting an educational campaign among its workforce.

Since the August 28, 1986, Press conference on Aids on the mines there had been no increase in the incidence in the mineworkers carrying the Aids virus.

A sample of miners tested showed that there were — at the time the study was completed in mid-1986 — about 800 mineworkers who might be carriers of the human immunodeficiency virus (HIV) or Aids virus. This constituted 0,08% of mineworkers. More than 760 of these people were from Central Africa.

The chamber has adopted the following policy:

- All new recruits to work on the mines would be screened and no known carriers of the Aids virus would be employed.
- All patients suffering from sexually transmitted diseases, a high risk group, would be tested on a routine basis.
- All Aids virus carriers would be clinically assessed and those fit to work would not be discharged.
- Clinically well HIV carriers who return home between contracts will not have the disease used as a pretext for terminating their contracts.
- Only when Aids-infected employees are unfit to continue working will their contracts be terminated and then they will be repatriated on medical grounds. — Sapa

44 have died of Aids in SA — 22 others ill

Staff Reporter

FORTY-FOUR people have died of Aids in South Africa, and at least another 22 people currently have the disease, according to figures released by the SA Institute of Medical Research.

Dr Ruben Sher, an Aids researcher with the institute, said yesterday that 49 of the locally recorded cases were SA citizens, with the other 17 coming from various neighbouring states.

Figures include nine mineworkers — five of whom have died, according to a spokesman for the Chamber of Mines.

Dr Sher said that if the disease in SA is following trends in the United States and Europe, where the number of dead Aids victims is roughly half the total number of people with the deadly form of the disease, then it is highly probable that the number of Aids victims in SA is at least 80.

Private treatment

Dr Frank Spracklen, a member of the national Aids Advisory Group, has said that unrecorded cases were probably being treated by private doctors and had yet to be recorded with health authorities: "We tend to see full-blown cases rather late in SA, which may have something to do with people not wishing to be identified as Aids victims."

Dr Spracklen has said it could be estimated that the number of people with the lesser, and usually non-fatal, Aids-Related Complex (ARC) in SA was about ten times the number with the full-blown disease, or between 700 and 800.

The number of carriers of the Aids virus, known medically as Human Immuno-deficiency Virus (HIV), in SA has been estimated as roughly 100 times the number of full-blown cases of Aids, or between 7 000 and 8 000.

Negotiations were under way to obtain supplies of the drug AZT for treating Aids, Dr Sher said.

"But, if and when we do get some of the drug it will not just be dished out to anyone who comes along and asks for it — AZT has some serious side-effects and wll be used in a very restricted fashion."

Aids: Fear of heavy life payouts

RKGUS 2/4/87

92

By DICK USHER
Staff Reporter

A LIFE insurer has introduced an Aids-related question on its policy proposal forms as concern about the disease grows among insurance companies.

Other companies are considering their position and the industry has held several seminars dealing with Aids.

The main fear of insurers is that victims might take out heavy cover on their lives to the detriment of other policyholders.

This could affect the industry's profitability and reduce bonuses on other policies.

But insurance spokesman do not expect the fatal disease to threaten the industry.

Mr Neville McKay, senior manager of product development for Southern Life, said: "If an Aids epidemic reached the scale at which it would threaten the life insurance industry it would be of such proportions that the whole of society would be endangered."

QUESTION

He said the industry's main concern was to protect policyholders from the threat of people with Aids taking out heavy life cover.

Old Mutual has introduced a question on forms asking whether an individual has received, or expects to receive, medical advice, counselling, treatment or blood tests in connection with Aids or an Aids-related condition.

Dr Ivan Lockyer, the company's chief medical officer, said: "Depending on the answer we reserve the right to call for more information.

"Our major concern is to protect the general body of policy-holders from those who know they have Aids."

Mr McKay said several American states had declared that insurance companies could not discriminate against Aids victims. He said: "As soon as that legislation was passed reinsurers refused to underwrite business in those states."

Industry spokesmen said life insurance was based on life expectancy and it would be bad business to insure people whose life expectancy was severely diminished.

Giving names a 'delicate issue'

By Claire Robertson
Pretoria Bureau

The Medical Association of South Africa (Masa) is to meet this month to decide whether the names of AIDS sufferers should be made public.

The ethical sub-committee of Masa's executive committee is to discuss a patient's right to his illness remaining confidential, whether the disease should be made notifiable, and whether medical staff should be warned if a patient has the disease.

"These are extremely delicate issues," a spokesman for Masa told The Star today.

"Patients have the right to confidentiality, but Masa will have to consider whether protecting the public and health officials is not an overriding factor when considering whether the names of sufferers should be made available."

If AIDS is made a notifiable disease, doctors will be obliged to tell the Department of Health they are treating patients.

This would make it easier to gauge the numbers with the virus.

"There are rumours that AIDS sufferers will be made to wear identification. This is unlikely and it will have to be weighed against the patients right to confidentiality," he said.

A 'final solution' now for Aids victims

(92) 3/4/87

AMSTERDAM — Dutch doctors have performed euthenasia on as many as 11 Aids victims who chose death over prolonged suffering, a hospital spokesman says.

The city's Academic Medical Centre, the only Dutch hospital with a ward for acquired immune deficiency syndrome sufferers, disclosed that one of its Aids patients died in 1985 as a result of euthanasia.

The terminally ill patient chose to die rather than continue to suffer, hospital spokesman Roy Buize told The Associated Press. He refused to give further details.

Buyze also said as many as 10 other Aids victims were thought to have died in mercy-killings. He said the cases did not occur at the hospital, and that precise figures on the instances of Aids-related cases of euthanasia were not available.

Dutch courts have taken a tolerant stance toward euthanasia, which the centre-right Government of Premier Mr Ruud Lubbers is moving toward legalising under strictly controlled conditions.

The Aids virus destroys the body's immune system.

The Government recently gave the Academic Medical Centre R4,4 million to double the capacity of its eight-bed Aids ward.

The Government says 218 Dutch people had contracted Aids as of December 31, and 126 had died of the disease.

— Sapa-AP

Doctors tell of AIDS euthanasia

DUTCH doctors have performed euthanasia on as many as 11 Aids victims who chose death over prolonged suffering, a hospital representative says.

The City's Academic Medical Centre, the only Dutch hospital with a ward for Acquired Immune Deficiency Syndrome sufferers, disclosed on Wednesday that one of its Aids patients died in 1985 as a result of euthanasia.

The terminally ill patient chose to die rather than continue to suffer, said hospital representative Roy Buyze. He refused to give further details.

Buyze also said as many as 10 other Aids victims were thought to have died in mercy killings. He said the cases did not occur at the hospital, and that precise figures on the instances of Aids-related cases of euthanasia were not available.

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The government says 218 Dutch people had contracted Aids as of December 31, and 126 had died of the disease. – Sapa-AP

German giants pool Aids research

FRANKFURT — The two biggest West German chemicals companies have agreed to pool their research into Aids.

Frankfurt-based Hoechst AG, citing what it called the dramatic spread of the disease, said in a statement it was co-operating with Bayer AG of Leverkusen to find a cure.

Hoechst called on other pharmaceutical companies to join the effort.

Scientists say research on the Aids virus, and on drugs to try to treat the disease and on an eventual vaccine, poses an enormous challenge.

While a breakthrough would bring financial rewards for any firm that achieved it, costs will be high.

British-based Wellcome PLC says it is spending about R50-million on new plant in Britain and the United States to enhance production facilities for azidothymidine, its anti-viral compound which it says has potential for treating Aids.

It has begun clinical trials of the drug. But it says that much remains to be discovered about the disease.

Between them, Hoechst and Bayer made pre-tax profits in 1986 totalling about R8-billion.

Bayer has worked on Aids with another West German firm, Degussa AG. But last month Degussa management board member Mr Heribert Offermanns said there was less than a 50% chance that Degussa's D-penicillamin drug would be used to treat Aids. — Sapa-Reuter.

92 SP 6/4/87

AIDS fear cuts gay sex activity

(92) SMH 6/4/87

ATLANTA — Fear of AIDS has slashed homosexual men's casual sexual encounters 16-fold and cut by 90 percent their participation in the riskiest sexual practices, a United States government study said today.

The study, by the US Centres for Disease Control (CDC), tracked activity of homosexual and bisexual men since 1978.

The men reported they had sex with far fewer partners in 1984 and 1985, after AIDS was discovered, than they did in 1978, before the first case of Acquired Immune Deficiency Syndrome was reported.

While the men in the study said they had casual sexual relations with an average of 16 partners during a four-month period of 1978, they had sex with only three during a four-month period in 1984 and with only one in a like period of 1985.

The study reported a nearly 90 percent drop in the types of sexual activity involving exchange of bodily fluids — the type most likely to result in AIDS infection.

CAN CHANGE

"It's important to know that gay men can change their behaviour," said Dr Linda Doll, who worked on the study.

"There were a lot of people saying that gay men cannot and will not change their sexual behaviour. This study shows that they can respond to information about AIDS," she said.

Dr Doll said 47,8 percent of the men participating in the study had tested positive for exposure to the AIDS virus.

It is not known how many of those ultimately will develop the invariably fatal disease, which robs the body of its ability to fight infection.

Blood samples were also taken from the men in 1978. Those 1978 blood samples, originally taken for a study of hepatitis in homosexual men, were thawed years later and tested for AIDS. The tests showed that three percent of the men had already been exposed to the AIDS virus by 1978. — Reuter.

US defends tests for diplomats

WASHINGTON — AIDS killed five of the nine United States diplomats who have contacted the deadly disease, the government said in defending its new AIDS testing programme for foreign service officers.

The AIDS cases in the Foreign Service were revealed in court papers filed last week by the Justice Department against a lawsuit challenging the testing programme that began on January 5.

A public employees' union that represents foreign service officers contends the tests violate the privacy of diplomats and threaten to hurt their careers.

In papers filed in the US District Court, the Justice Department said the testing programme was a legitimate effort to protect diplomats against the spread of acquired immune deficiency syndrome. — Sapa-AP.

Insurers' concern over AIDS threat

6/4/87 92 SMM

Own Correspondent

SOUTH African life insurers are concerned about the AIDS problem and one company has introduced an AIDS-related question on its policy proposal forms.

Others are considering their stance and the industry has held several seminars dealing with AIDS.

Insurers' main fear is that AIDS victims might take out heavy cover on their lives to the detriment of other policyholders.

If victims did this it would affect the industry's profitability and reduce bonuses on other policies.

But insurance spokesmen do not expect the fatal disease to pose a threat to the industry.

"If an AIDS epidemic reached the scale at which it would threaten the life insurance industry it would be of such proportions that the whole of society would be endangered," said Mr Neville McKay, senior manager of product development for Southern Life.

He said the industry's main concern was to protect policyholders from the threat of people with AIDS taking out heavy life cover.

Old Mutual has introduced an Aids-related question — whether an individual has received or expects to receive any medical advice, counselling, treatment or a blood test in connection with AIDS or an AIDS-related condition.

"Depending on the answer, we reserve the right to call for more information," said Dr Ivan Lockyer, the company's chief medical officer.

"Our major concern is to protect the general body of policyholders from those who know they have AIDS," he said.

For insurance companies the concern is to make sure people who already have AIDS do not get heavy cover on their lives.

Mr McKay said that in America several states had declared that insurance companies could not discriminate against AIDS victims.

"As soon as that legislation was passed reinsurers refused to write business in those states," he said.

ARGUS 6/4/87

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Informative new booklet offers help



The Argus Correspondent

DURBAN. — Sexy girlie books are the ones that usually land up on the bookshelves in plastic packets.

Now a new booklet, entitled *Avoiding Aids*, has been given the same "under wraps" treatment by the publishers, Anubis Press, in Cape Town.

According to the authors, Vincent Leroux and Dr Frank Spracklen, the contents of the 32-page booklet are of such an explicit nature that they may be offensive to certain sections of the population.

"We weren't ordered to seal the booklet," said Mr Leroux, but on legal advice we felt it was a sensible decision, particularly as it will be sold in family outlets like CNA, cafes, and possibly supermarkets.

The publication is subtitled *What every South African man and woman should know about preventing the infection.*

The opening chapter is taken up with shock facts and figures relating to the disease.

Among these are that:

● Between one and two million Americans are thought to be infected, 90 percent of them carriers unaware that they are continuing to infect others.

● Three-quarters of the entire homosexual population of Los Angeles and San Francisco are believed to be infected with the virus.

● Between five and 10 million people around the world now carry the virus and that as many as 100 million will become infected within the next 10 years.

● In South Africa, besides the reported deaths, 500 are showing symptoms of the disease and it is believed that there are at least 5 000 carriers.

● Out of 500 homosexual men tested recently in Johannesburg, 40 percent had the virus present in their bodies.

The next chapters deal with intimacy — the danger areas — and give explicit details on anal intercourse, and the reasons why sodomy is a major cause of spreading the virus through the "active" partner's contaminated semen.

Promiscuity is also discussed, with many gays suffering from Aids reporting having had 25 to 60 different sexual partners a year, while some had several hundred.

The condom issue is given the same open-minded treatment, with frank discussion on what oils and jellies should be used, and how to avoid damaging the condom during intercourse.

INFECTION RISKS

Other subjects aired include:

● Explicit advice for women having sex with a bisexual man.

● Sex with prostitutes.

● Infection risks.

● Advice to those raped by an Aids carrier.

● Non-sexual high-risk activities.

● Donating and receiving blood.

The booklet, one of the most informative yet published in South Africa, devotes a final chapter to *Getting Tested for Aids*, where to go, and the significance of the results.

The booklet's co-author, Dr Spracklen, is a member of the National Advisory Group on Aids, head of the Department of Medicine at Somerset Hospital, Cape Town, head of the Adult Infectious Diseases Hospital, Cape Town, and an honorary senior lecturer in the Department of Medicine at the University of Cape Town.

Aids questions now from one SA insurer



Chocolate hares, a common present for Easter in Germany, are on sale now in Frankfurt — with condoms inside. The hares were commissioned by an organisation which helps Aids victims and are on sale for about R9 each.

CAPE TOWN — A South African life insurer has introduced an Aids-related question on its policy proposal forms as concern about the disease grows among insurance companies.

Other companies are considering their position.

The main fear of insurers is that victims might take out heavy cover on their lives to the detriment of other policy holders.

This could affect the industry's profitability and reduce bonuses on other policies.

But insurance spokesmen do not expect the fatal disease to threaten the industry.

Mr Neville McKay, senior manager of product development for Southern Life, said: "If an Aids epidemic reached the scale at which it would threeaten the life insurance industry it would be of such proportions that the whole of society would be endangered."

He said the industry's main concern was to protect policy-holders from the threat of people with Aids taking out heavy life cover.

Old Mutual has introduced a question on forms asking whether an individual has received, or expects to receive, medical advice, counselling, treatment or blood tests in connection with Aids or an Aids-related condition.

Dr Ivan Lockyer, the company's chief medical officer, said: "Depending on the answer we reserve the right to call for more information."

He said the company wanted to ensure that people who already had Aids did not get heavy life cover. — Sapa

After deaths, US defends tests for its diplomats

WASHINGTON — Aids killed five of the nine US diplomats who have contacted the deadly disease, the government said in defending its new Aids-testing programme for foreign service officers.

The Aids cases in the foreign service were revealed in court papers filed by the Justice Department against a lawsuit challenging the testing program that began on January 5.

A public employees' union that represents foreign service officers contends the tests violate the privacy of diplomats and threaten to hurt their careers.

In papers filed in the US District Court, the Justice Department said the testing programme was a legitimate effort to protect diplomats against the spread of Acquired Immune Deficiency Syndrome. — Sapa-AP

Booming cottage industry in Sweden

HENNAN, Sweden — A firm which tests and packages condoms in a former schoolhouse in this remote northern Swedish village is struggling to cope with orders in the wake of the spread of Aids.

In the abandoned school building which Centri took over from the education authorities 11 years ago, each of the six noisy production machines crank out one packed condom a second.

The weekly output is now up to 1,3 million, about twice the level of 12 months ago, but still not enough to satisfy local and international demand.

Demand is so great that staff of the Centri rubber factory work overtime, management is contemplating buying new machinery and a night shift may be the next step to keep up supplies.

"Of course we are happy to be making money, but it's a pity Aids has caused it. We would have preferred the reason for our success to be an increase in love-making," said factory head Mr Mats Lindqvist.

Centri's workload has rocketed since condoms were recommended as the best form of protection against Aids. — Sapa-Reuter

[illegible]. — Sapa-Reuter.

Soviets claim AIDS was created near Washington

WASHINGTON — The Defence Department says the Soviet Union is waging a campaign intended to plant the idea that AIDS was created in a biological warfare experiment at United States Army laboratories near Washington.

The Pentagon believes the Soviets have succeeded in keeping their allegations alive because Fort Detrick, Maryland, until 1969, was the army's biological warfare development centre. Today, it is the site for some research connected with acquired immunity deficiency syndrome, or AIDS.

First carried in October 1985 by the Soviet weekly *Literaturnaya Gazeta*, the Soviet claim was immediately denied by the State Department and dismissed as propaganda.

Over the past 17 months, however, the Soviets have mounted what the Pentagon calls "a continuing disinformation campaign", embellishing the story while citing alleged scientific experts to lend weight to the charges.

By the Pentagon's count, the story has been reported since October 30 1985 by the news media of more than 60 countries, including the US, in more than 30 different languages. — Sapa-AP.

SAA in top ten of world airline Aids list

Cape Times 7/4/87 92

Own Correspondent

LONDON. — Official studies are being made of the alarming number of airline personnel, including South Africans, dying of Aids.

A confidential study drafted by the International Air Transport Association (IATA) is reported to include a table of the world's worst-affected airlines which puts South African Airways at ninth place.

According to the specialist magazine Airline World, the IATA report lists 100 deaths from Aids among airline personnel and 150 more cases of the disease which appears to be restricted to homosexual male stewards, according to the British Civil Aviation Authority.

American Airlines tops the list having "lost" 50 of its staff with Aids and another 60 carrying the virus.

British Airways is reported to have had nine deaths with up to 30 other cases; Pan Am 20 deaths and 30 other victims; Lufthansa, 14 deaths; and TWA and Air France four deaths each.

UAL and Air France are reported to have a 14 infected staff, SAA nine, Alitalia seven, KLM six, Air New Zealand two and El Al one.

Aids: Don't worry, SAA tells passengers

Cart Trojts 8/6/87 92

BY PETER DENNEHY

SA AIRWAYS' preventive measures were such that passengers need not worry about contracting Aids, SAA's media relations officer, Mr Francois Louw, said yesterday.

He was commenting on a confidential Aids study, which includes a table listing many of the world's airlines in order of how badly their staff have been affected by the disease.

SAA was ninth on the list drawn up by the International Air Transport Association (IATA), and according to the dossier, SAA had nine infected staff.

Dr Frank Spracklen, a member of the Aids advisory group set up by the Department of National Health, said the IATA report came as no surprise to him.

"SA's first two cases were from SAA, and I know of another two or three from there. We have had 62 diagnosed full-blown Aids cases in South Africa, 42 of whom have died."

Reef municipal worker believed to have AIDS

8/4/87

By Susan Pleming

A Reef municipal employee is believed to be suffering from the acquired immune deficiency syndrome (AIDS) disease.

The man was admitted to the Johannesburg Hospital last Wednesday after he was knocked over by a truck in Jan Smuts Avenue.

A spokesman for the hospital confirmed the man had been admitted last week, but refused to comment on his condition.

"It is unethical to disclose the condition of the man. I will neither confirm nor deny whether the man has AIDS," she said.

A spokesman for the Randburg Ambulance and Fire Department confirmed that one of his ambulances had picked up a man last week after he had been hit by a truck.

The spokesman refused to comment on whether the patient had AIDS, but said if ambulancemen ever suspected an accident victim of having the disease they underwent tests at the Johannesburg Hospital. He referred all queries to the town clerk.

The Randburg town clerk, Mr B J van der Vyver, was not available for comment.

At least 34 people in South Africa have died from AIDS and according to the AIDS Advisory Group at least a further 64 people had been confirmed as AIDS sufferers. A Johannesburg woman and her baby are among the estimated 5 000 carriers of the disease.

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It's the four-letter word of the 80s. Where does it come from? Who's at risk? And is it all that dangerous?

Aids



By MEGAN JONES

REMEMBER 1981? Reagan became America's oldest president; Egyptian President Anwar as-Sadat was assassinated; Britain's future king tied the knot with Lady Di; Israel annexed the Golan Heights; PW Botha called an early election and was returned to power with a reduced majority.

In Atlanta, Georgia, a handful of victims of an immunity disorder were dying from a range of rare infections. The disorder came to be known as Aids (acquired immune deficiency syndrome).

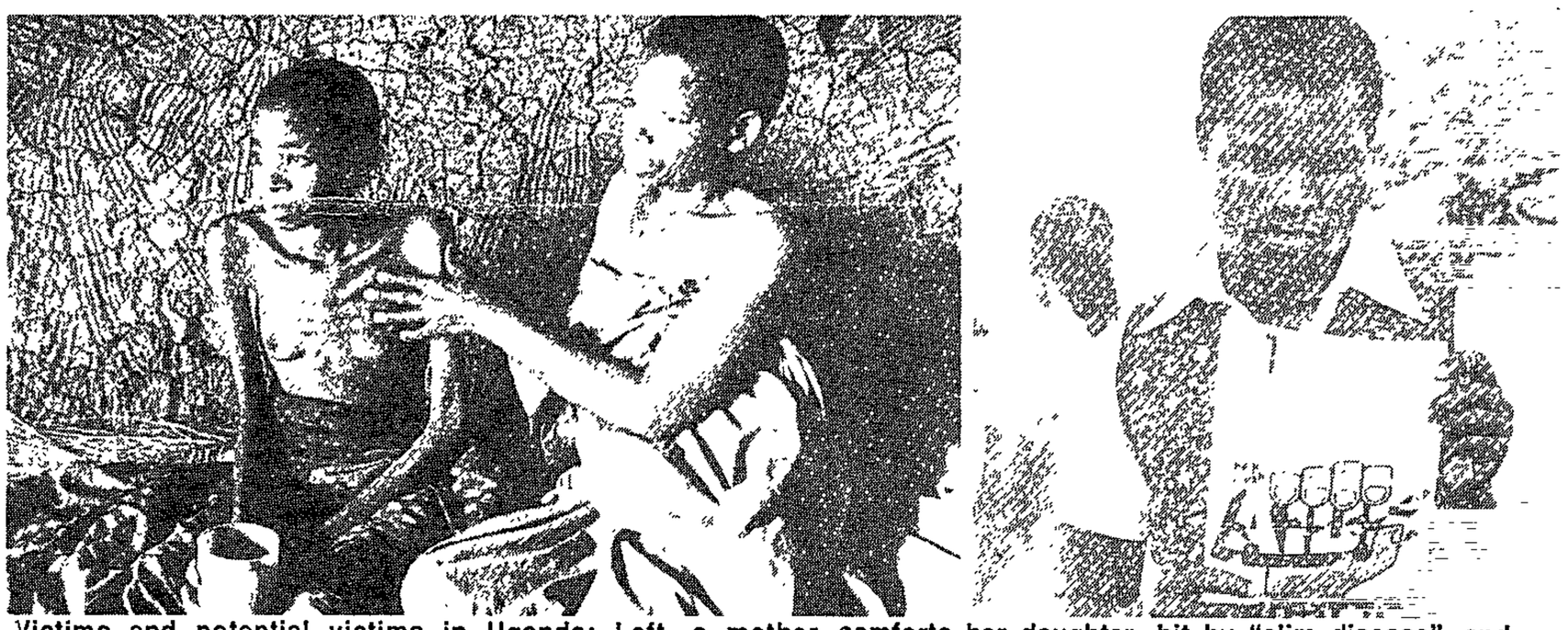
By November last year, 74 countries reported cases of Aids, with more than 25 000 victims in the USA, over 3 000 in Europe and thousands, perhaps hundreds of thousands of unrecognised cases in Africa. Of the millions more believed to have been infected with the causative virus, as many as a third will develop full-blown Aids by 1997.

There is no cure, and no sector of the population is completely safe. Even optimistic scientists doubt that a workable vaccine will become available before the middle of the 1990s.

Aids itself does not kill; it strips the body of its defences against disease. The tricky part has been finding out exactly how the Aids virus — Human Immunodeficiency Virus (HIV) — brings the natural immune system to a grinding halt.

The picture, complicated to the scientists involved, is thousands of times worse for the layperson to understand. It has not been made easier by the different acronyms used by different institutions to describe the same thing.

The confusion started in 1983, when Professor Luc Montagnier and a group of scientists at the Institut Pasteur in Paris isolated the virus responsible, and called it LAV (lymphadenopathy associated virus). Sometime in the same year, a group led by Robert Gallo at the National Cancer Institute independently identified the causative virus, calling it HTLV-III (human T-lymphotropic virus type III).



Victims and potential victims in Uganda: Left, a mother comforts her daughter, hit by "slim disease", and, right, a pedestrian takes heed

Exactly who found it first is the subject of an ongoing court case in America. The winner will claim patenting rights to the royalties worth millions of dollars on blood tests which use the isolated virus. At a recent meeting of international virologists, it was agreed that the virus HTLV III/LAV should be known as HIV.

HIV is a retrovirus — a rare kind of virus with a unique method of reproduction.

Remember how genes work: a gene is a piece of deoxyribonucleic acid (DNA) on which is "written" a code for making a protein. This code is transcribed first into a working copy of a similar material, ribonucleic acid (RNA), then into a protein.

Many viruses work by insinuating their own genes into the genetic code of an animal cell and so passing them off as animal genes. The instructions encoded in these genes tell the cell to make more viruses.

A retrovirus's genes are made of RNA cannot therefore get into the genetic code. HIV makes an enzyme called reverse transcri which can make a DNA version to stitch into cell's DNA. An infected cell will then repro the virus.

Whilst most retroviruses infect a range of c HIV seems to only attack T4 lymphocytes — th called officers of the immune army.

T4 cells have a vital contribution to make to body's defensive system. When a foreign mole

Condoms for the cadres — the ANC's way to keep Aids out of

ONLY 63 cases of full-blown Aids have been reported in South Africa so far, according to statistics reported to the World Health Organisation (WHO) by local medical authorities, and a half again that many have died of the disease.

The national Aids Advisory Group of the Deparment of Health and Population Development gives the present doubling time of the disease as six months. This means we are set to follow the same path of Human Immunodeficiency Virus (HIV) infection that took the US from around 500 cases in 1982 to over 25 000 in 1986.

Apartheid has created excellent conditions for an explosion of Aids cases. Large-scale population mobility, interlinked with civil and regional wars, is the major factor. There are three groups involved: refugees, contract workers and soldiers on both sides.

Apartheid has generated two million refugees in Southern Africa, including those who struggle against it, according to War on Want, an international aid agency.

The figure, drawn from UN High Commission on Refugees information, is incomplete as it leaves out displaced persons. Refugees flee SADF actions or the actions of Unita in Angola or Renamo in Mozambique. Zambia and Malawi, both countries with a high HIV incidence, are also the countries with the highest numbers of such refugees.

A large Lusaka-based survey of blood donors found 17 percent of the blood tested there to be seropositive, or infected with the virus. The Mozambican information agency AIM reports that 70 000 refugees will be repatriated from Malawi, where WHO Aids figures are tenfold higher than in their home country. Some may carry the virus.

The migrant labour system is another apartheid factor which could promote the spread of the virus — contract workers living in all-male hostels. Unprotected sexual contact between carriers and other men or with prostitutes will rapidly spread the virus. As an example: in 1981, eight percent of the prostitutes in Nairobi tested were antibody positive. The current incidence is more than 65 percent.

Closer to home, the SA Institute of Medical Research and the Chamber of Mines claim a one in 25 prevalence of HIV carriers among Malawian

By JONATHAN SHOPLEY AND DAVID BELLAMY, London

mineworkers.

Infected contract workers returning to their families in the rural areas can carry the virus with them. Around two million South Africans leave their families every year in this way.

Any serious Aids prevention campaign must militate against the continuation of the migrant labour system; for in countries with a high urban Aids incidence, such as Zamiba, the settled rural population shows a negligible level of seropositivity.

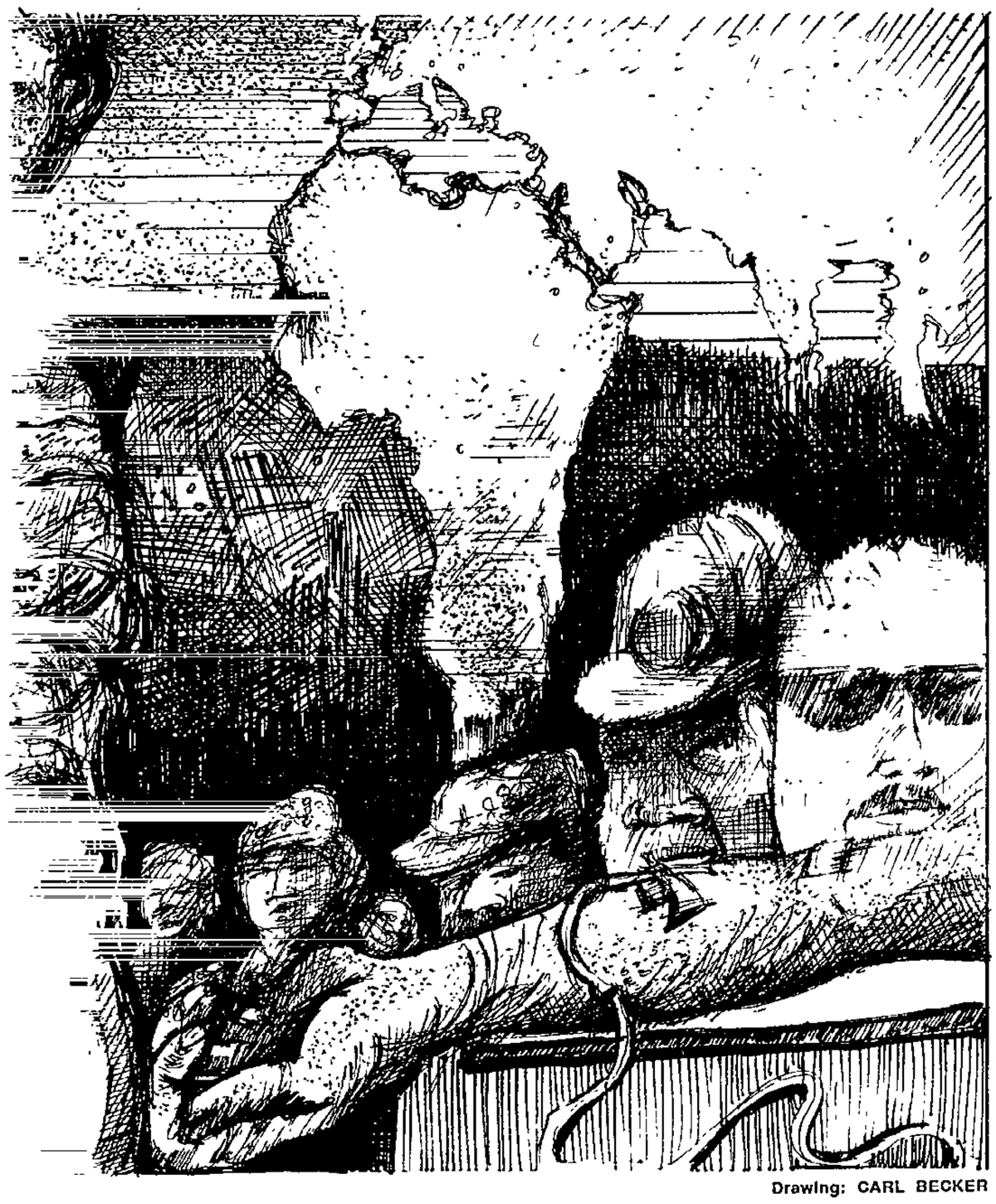
Soldiers form a third large mobile group. ANC soldiers are trained in some of the Central African countries with the highest Aids incidence. The ANC's national executive committee last month resolved its personnel would receive HIV screening before entering — and after leaving — South Africa. And in order to institute safer sex practices, tens of thousands of condoms have been ordered.

Meanwhile, Archbishop Desmond Tutu spoke out in March about rapes committed by soldiers Namibia and in South Africa. The Aids virus be forced upon women otherwise not at risk.

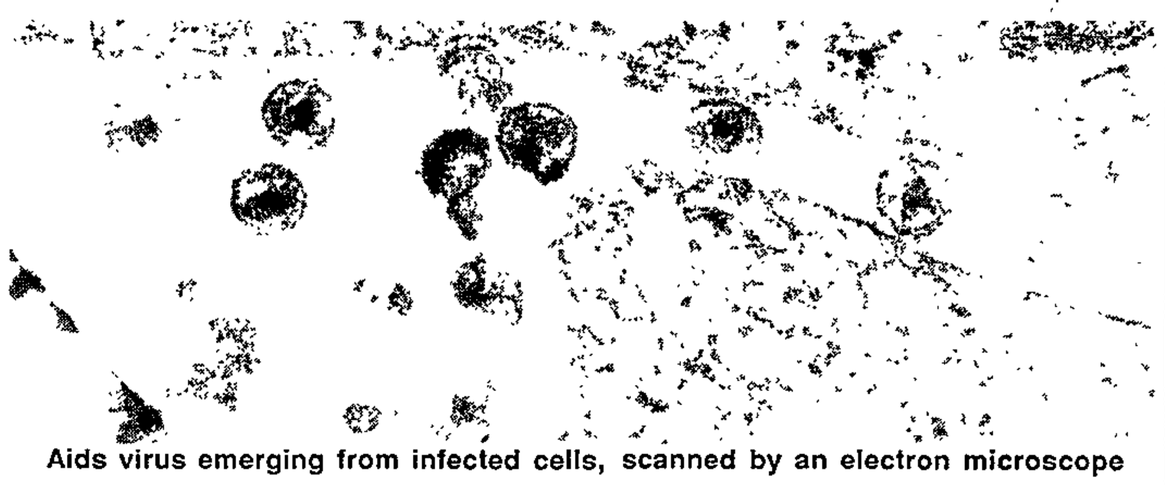
But mobility and the brutality of war are not only factors which can created a large-s epidemic here. The latent HIV virus is triggere induce the lethal syndrome by cofactors, such stress or malnutrition. As the body's i system is worn down, secondary epidemics other endemic diseases, such as tuberculosis gastro-enteritis, follow. The prevalence of Aids virus in a population may go unnotic being masked by these diseases of poverty. A these poverty-linked diseases are themsel reaching extraordinary proportions in so areas.

The south-western Cape last year faced unexplained 23 percent increase in tuberculo cases, from 1985.

In Central Africa a shift is occurring in the de pattern, away from the elderly and children towards men and women in their twenties thirties. This is both the most sexually active the most economically productive group.



Drawing: CARL BECKER



Aids virus emerging from infected cells, scanned by an electron microscope

Don't die of ignorance – or of paranoia, either

By MEGAN JONES

THE virus is not easy to catch. Medical researchers are now certain that casual contact — communion chalices, shared school playgrounds, nursing of Aids patients, shared water bottles — carries a risk so tiny that it is too small to sustain an epidemic. The disease is spread by blood and semen. Four major groups are at risk: haemophiliacs, homosexuals, intravenous drug-users and newborns of carriers.

Haemophiliacs may soon be taken off the list of "at risks". A haemophiliac lacks the blood protein which makes blood clot, and has to be supplied with it via blood transfusions. Before compulsory screening of blood donors, haemophiliacs might have been the unfortunate recipients of an unwary carrier's virus. They have been put out of danger because the missing protein, Factor 8, can now be isolated from blood, heated to kill the retrovirus, and injected straight into the haemophiliac. This mode of viral transportation should drop to zero in time.

Homosexuals are vulnerable because during anal intercourse, lesions often occur (the lining of the anus is particularly thin) and both semen and blood have the chance to mingle. Added to this, the colon at the upper end of the rectum is sheathed in T4 cells — the very targets of the virus.

Intravenous drug users are another high risk group, because they often share needles. A fourth relatively new group at risk are children who are born with the virus, because their mother's blood was infected.

Africa is riddled with Aids. Nearly one-fifth of Rwanda's blood donors, and over half of Nairobi's female prostitutes have antibodies to the virus. In Zaire, the number of healthy people falling prey to Aids parallels the number who fell in San Francisco six years ago.

But there is a sharp difference. The American and European victims were mostly homosexuals or intravenous drug users. In Africa, it is largely a heterosexual disease, with even numbers of men and women chosen as victims. For every Western woman patient, there are 16 men.

The continent is considered the cradle of the disease because the first cases in Europe were Africans seeking medical treatment; and because serum stored since 1959 in Kinshasha, Zaire; 1963 in Upper Volta; and 1972 in Uganda is infected with the virus.

Early last year, a virus was found in African green monkeys which is so genetically similar to Aids that it evokes an antibody response in humans. But no green monkey has yet been seen to suffer from Aids. It was suggested that many African sufferers with a positive antibody response to Aids may in fact only have the harmless monkey virus.

A recent study into the African geography of the disease concluded that as well as being spread by heterosexual promiscuity, it is transported by exposure to blood transfusions and unsterilised needles, and from infected mothers to their newborns.

People cannot, as far as scientists know, contract the virus from mosquitoes. There has been much shock-horror talk of transmission by insects, especially mosquitoes, because their proboscis dips into a pool of blood in much the same way as do re-used needles. The rumours were fuelled by the discovery that the virus can be carried by bedbugs for up to one hour after the bugs had gorged on virus-infected blood.

There is very little need to panic, for three reasons.

Firstly, because a carrier's blood has very few infected HIV cells, the chances that the small amount of blood sucked by a mosquito includes an infected cell is minimal. Secondly, the hepatitis B virus, which is more readily parentally transmitted, is not transmitted by anthropods. Thirdly, while children in Kinshasha are vulnerable to insect-borne malaria, very few of them have the Aids virus. This makes it highly unlikely that the virus is spread on the wing.

South Africa has escaped lightly — so far. Only an estimated 34 people have died from Aids and a further 63 have been infected. No cases have been reported of black South Africans with the disease.

Professor Barry Schoub, Director of the National Institute for Virology, warns that South Africans should not be complacent. "The Aids virus spreads slowly epidemiologically. Unlike flu, it cannot be passed from one carrier to another easily. But it is slowly making its way southwards through Africa; we will know about it soon enough."

Although general Aids research has been conducted at various South African universities for over a year, it was only in January this year that the Medical Research Council established a unit at the Institute to focus on the virus itself. Funding has been promised for five years, and the virologists staffing the unit have been seconded from other projects within the Institute.

The government has not pledged vast sums to stem the virus's imminent spread in this country, and there appear to be no plans for an all-out awareness drive to familiarise and warn people about the disease. "I only wish there were," says Schoub, "although education is by no means a panacea."

A recent market research poll in Britain has shown that the large awareness campaign there has failed to a certain extent, and there is a feeling it was a waste of money.

The multi-million pound publicity campaign in Britain has tried to highlight the main groups at risk and advise the public how to minimise their chances of catching the virus. "Don't Die of Ignorance" has been their catch-phrase.

The message? Cut out sexual promiscuity (the more sexual partners a person has, the more likely they are to find someone with the virus) and always use condoms.

is "spotted" inside the body, the T4 cells help in four ways: they influence other T-cells to destroy the aliens by disrupting their cell membrane; they secrete interleukin-2, which bolsters the body's natural killer cells; they secrete gamma-interferon, which stimulates macro-phages to engulf and degrade the virus; and, lastly, they allow B cells (another row in the line of defence) to secrete antibodies particular to the invading antigens.

All this activity is bad news for a virus in the wrong place at the wrong time. But they don't just float there and take it; they have their own counter strategy. Some viruses pretend to be something else; the immune system is fooled and produces inappropriate antibodies to try to fight it. Others wait for an antibody to be sent out to fight, and then change form so that the antibodies will not recognise the newly mutated virus.

The Aids virus is less subtle but fatally effective; it wipes out the immune system before being attacked itself.

It does this not by rupturing the T4 cell's membrane (the tactic many viruses use) but apparently by altering and slowing down the growth of T4 cells, so that in time, only those cells infected with the latent virus are left.

In a healthy person, T4 cells make up 60-80 percent of the circulating T-cell population; in Aids patients they can become too rare to be detected.

But how does the virus choose T4 cells to the exclusion of others? Recent work at London's Institute for Cancer Research and the Institut Pasteur suggests that a region of the cell membrane associated with the T4 marker (the protein that distinguishes the T4 cell from any other) acts as a receptor for the virus, a bit like a landing strip from which the virus disembarks and attacks the cell.

But the depletion of T4 cells cannot account for the complete collapse of the immune system. In the early stages of the disease, for example, victims may have a normal T4 cell count, and still have weakened immunity systems.

It is thought that the virus somehow stimulates infected cells to produce something called soluble suppressor factor, which inhibits certain immune responses. There is some disagreement as to how exactly it is produced.

The virus also makes the surviving T4 cells incapable of the first line of defence in an immune response — recognising the enemy.

Briefly, for a T4 cell to home in on its specific antigen (foreign molecule), the receptor located on the surface of the cell must recognise both the antigen and a specific type of protein (Class II MHC) for the T-cell response to be triggered. The virus might interfere with this finely balanced mechanism, either by instructing the infected cell to disrupt the receptor mechanism on its surface, or by reducing the amount of Class II MHC, vital to the successful recognition of the antigen.

At a conference held in Paris in 1986, the world's virologists working with HIV reported that the virus is more devious than anyone had anticipated. It enters the body inside an infected cell, avoiding the new host's antibody defence. Like flu, it can vary its genetic code, and like the common cold, it conceals part of its protein coat which a vaccine could attack.

Once it instructs the body's infected cells to replicate the virus, the trans-activator gene boosts production.

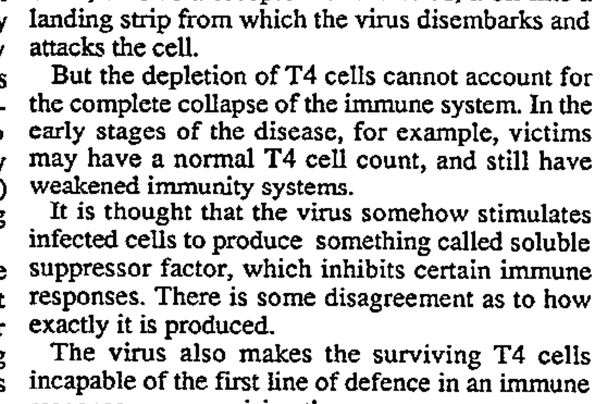
outh Africa

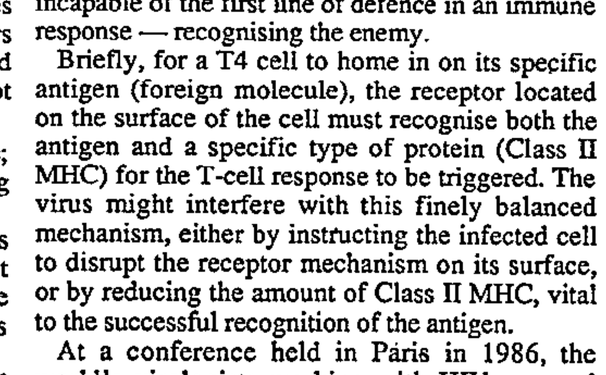
The economic future of high incidence areas is bleak. If muscle power is relied upon in food production, famine may follow in later years. An entire generation could be lost.

Aids experts throughout the region have charged that the South African government is failing to deal with the issue — in effect, wishing it away. No comprehensive information campaign such as those launched in Europe and the US have seen the light of day here.

The global strategy to combat the Aids pandemic is coordinated by the WHO. After help is requested, WHO assesses the official commitment to fighting Aids in a sustained national education and prevention programme.

Such WHO programmes are incorporated into the primary health care structures of the nations found to be acceptable. But the non-integrated homeland system and the lack of a national health service could be obstacles to an application made by the South African government — as well as to any serious independent Aids prevention or containment strategy.





A constant pattern: the death-rate doubles every six months

A DIY diagnosis for that deadly disease

FOR those countries without sophisticated diagnostic laboratories, the World Health Organisation has outlined the following do-it-yourself aid. As a predictive tool, it is thought to be only 60 percent accurate.

An adult could have Aids if he or she displays at least two of the major signs plus at least one of the minor signs. In fact, anyone displaying these symptoms for more than a month should be seeking medical advice in any case. The guide should be ignored if the adult already has an immuno-suppression complaint, such as cancer or severe malnutrition.

MAJOR SIGNS:
(a) Weight loss of more than 10 percent of body weight
(b) Chronic diarrhoea for more than one month
(c) Prolonged fever for more than one month (intermittent or constant)
MINOR SIGNS
(a) Persistent cough for more than one month
(b) Generalised pruritic inflammation of the skin
(c) Recurrent shingles
(d) Oropharyngeal candidiasis
(e) Chronic progressive and disseminated herpes simplex infection
(f) Generalised lymphadenopathy

If the adult has Kaposi's sarcoma (a rare skin cancer) or cryptococcal meningitis, he or she could have Aids without exhibiting any of the above major or minor signs.

For a child to have Aids, he or she must present at least two of the major signs with at least two of the minor signs:

MAJOR SIGNS
(a) Weight loss or abnormally slow growth
(b) Chronic diarrhoea for more than one month
(c) Prolonged fever for more than one month
MINOR SIGNS
(a) Generalised lymphadenopathy
(b) Oropharyngeal candidiasis
(c) Repeated common infections (otitis, pharyngitis, etc)
(d) Persistent cough for more than one month
(e) Generalised dermatitis (inflammation of the skin)
(f) Confirmed HIV infection of the mother.

GAE Times

hursday, April 9, 1987

Aids report denied

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JOHANNESBURG. — In a telex sent yesterday to SAA, the International Air Travel Association (IATA) denied having any kind of report on the incidence of Aids among airline staff or any table listing the worst-affected airlines.

A confidential study reportedly drafted by IATA listed SAA as being the ninth-worst airline for personnel dying from Aids.

SAA media relations officer Mr Francois Louw says SAA contacted IATA requesting a copy of the report. The telexed reply from IATA states: "We deny any kind of report on Aids among airline staff or a 'league table.' Certainly IATA has neither."

Mr Louw says it appears the report was compiled by a London newspaper that randomly called airlines and gathered the figures.

Doctors of Aids victim sought

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EP
10/4/87

Post Correspondent

JOHANNESBURG — An intensive search has been launched for two medical doctors who treated an Aids victim in Johannesburg who had been knocked down by a heavy vehicle and was severely injured.

The doctors — one from Zimbabwe and the other a South African — treated the man, a Randburg municipal employee, before the arrival of a Randburg ambulance.

The doctors are thought to have come into direct contact with contaminated blood from the Randburg employee, who was taken to hospital.

A Randburg Fire Department spokesman said that a "professional woman" had already been subjected to an Aids test and that a search was also underway for a nurse.

"We are particularly concerned about a young woman from Bryanston who assisted at the scene of the accident. She had a cut on one of her fingers and there was a distinct possibility that she could have been contaminated by infected blood from the victim."

The two doctors who assisted on the scene of the accident were requested to urgently present themselves at the Johannesburg Hospital for Aid tests.

Ten African states rank Aids as public hazard

ABIDJAN. — A total of 37 African countries have reported cases of the killer Aids disease to the World Health Organization (WHO) to date, the Ivorian semi-official Fraternite Matin reported yesterday.

The daily quoted WHO director for Africa Dr Gotlieb Monekosso as saying that ten countries on the continent had officially ranked the disease as a public health hazard.

"The disease is beginning to take a heavy toll and no country in Africa is safe from it," Dr Monekosso said.

He said that some 30 African governments had so far asked WHO's help to combat the disease.

"We plan to carry out epidemiologic surveys in every country to establish the truth about the scope of the disease in Africa," he said.

In Africa, WHO medical teams are now present in some 12 countries to draw up programmes of action to track the spread of the disease and offer advice about preventive steps.

Blood screening

The Ivory Coast government has decided to start screening blood for Aids. Contamination through infected blood is one of the main ways in which the disease is spread.

An official statement issued after the weekly cabinet meeting yesterday said a blood-screening unit was to be set up at Abidjan, the economic capital.

A total of 118 cases of Aids has been detected in this West African country to date.

There is no official anti-Aids campaign as such in Ivory Coast but Health Minister Mr Alphonse Djedje Mady appeared last month twice on the state-run television to urge Ivorians not to panic and to avoid casual sex. — Sapa-Reuter

Aids: a plea for a change of lifestyle

(92) DD 19/4/87

Dispatch Reporter

GRAHAMSTOWN — A plea to change lifestyles now and prevent a practically insoluble problem (Aids) was made this week by the medical superintendent of Settlers' Hospital, Dr Graham White.

At the request of the Christian Women's Club, he was addressing a gathering of about 200, including many school children.

He said: "This is a modern plague made frightening by the absence of a vaccine and the dubious prospect of a vaccine within ten years or more."

Dr White said scientifically aids had broken all records in that, from the time the disease was diagnosed in 1981, the virus was isolated only two years later and a test commercialised only two years after that.

He said: "While aids is a frightening prospect for South Africa, it must be realised that with adequate public awareness it is possible to limit the incidence."

At present there were 63 cases in South Africa of which 14 originated from outside.

He said 21 cases were diagnosed in 1986. In Uganda the incidence was doubling every four to six months, while in South Africa it appeared to be doubling every 12 months.

Dr White said: "This means that in ten years the number of new cases for that year (1987) would be 43 000. This is 13 000 more than the present American total, where the disease has already reached alarming proportions."

He said by that time a vaccine of some sort might have been discovered but there was nothing definite about that.

"We cannot afford to be complacent," he warned.

Dr White said once an annual total of 43 000 was reached, it would have a devastating effect on the lifestyle and economy of South Africans. It was therefore vital to keep the figure low, so as to reduce the doubling effect.

Dr White made some interesting comparisons. He said 47 000 Americans had died in Vietnam and 45 000 died annually on American roads.

Aids was threatening to overtake these figures and had already done so in Central Africa, where 50 000 had already died and 88 per cent of the Nairobi prostitutes carrried the Aids virus,"and they have about 1 000 clients a year," he added.

In Central Africa the disease affected the entire population and not just homosexuals. In Westernised countries homosexuals were the main victims but this was changing as a result of drug abuse (contaminated needles) and bisexuality.

"The bisexual transmits the infection to the heterosexual who would quite often have several heterosexual partners over a period of time," he added.

It must be realised that one night of "illicit" sex, especially in countries where the incidence was high, could produce untold suffering when a stable heterosexual relationship was subsequently formed and one of the partners was found to have Aids.

Dr White said: "The message which is coming through very strongly from the Health Departments of the United States and Britain is: 'change your lifestyle'."

There was need to think seriously about abstinence and sticking to one faithful partner. It was most unwise to think in terms of the fact that Aids was not a serious problem in South Africa at present "so I'll carry on as usual . . ."

That philosophy would only accelerate the incidence of the disease.

Dr White said it was true scientists might come up with something in the years to come.

"But we can't count on it and we cannot afford to be complacent in the interim," he said.

Meanwhile, the public could be reassured that the danger of getting Aids from blood transfusions could for practical purposes be discounted.

Dr White said in Britain they had had only one Aids case out of 3 500 000 blood transfusions and the incidence of Aids in Britain was higher than in South Africa.

What about the condom?

He said: "It seems logical to use a condom to prevent the acquisition of Aids and Health Departments do recommend them."

But condoms were not foolproof he warned.

He said: "The Aids virus can get through the pores of a condom as easily as a mouse can walk through a doorway."

The condom might deminish the virus load. Scientists were working on formulae to apply to the condom to kill the virus, Dr White said.

Plan to get the bugs out of the big run

By SHAUN HARRIS

STRICT new health precautions have been taken for runners in this year's Comrades Marathon . . . partly because of the nationwide AIDS scare.

For the first time, plastic bottles at the 57 refreshment tables between Durban and Maritzburg will not be recycled to cut the risk of any virus being picked up by competitors.

Mr Jeff Minnaar, the Comrades Marathon refreshment station convenor, said: "We decided not to recycle bottles on the advice of our medical officer, although we had the hepatitis virus more in mind than AIDS."

At previous Comrades, refreshment bottles were rinsed and re-used.

Sterilised

The organisers stopped recycling sponges a few years ago, and this year will also be adding a steriliser to water troughs used by runners for sponging themselves down.

"We don't want to make a big thing about AIDS, although these new precautions should cut any risks involved," said Mr Minnaar.

To cater for the expected 13 000 runners who will set off from Durban at the crack of dawn on June 1, 14 000 plastic bottles of liquid will be provided at each of the tables on this year's up-run.

"We are also having 30 000 litres of water bottled for us to use at stations not able to get decent water.

"In the past, runners have complained."

Deportation of students angers Zimbabwe

The Star's Africa News Service

HARARE — Relations between Zimbabwe and some of its socialist allies have become strained over the deportation of more than 60 students.

Mr Mugabe's government was yesterday reported to be upset over the forced return home of another 15 students from Cuba for "medical reasons", bringing to 60 the number of Zimbabweans kicked out of Cuba this year.

Bulgaria also recently expelled two Zimbabweans students for allegedly carrying the AIDS virus.

OUTSPOKEN

The Sunday Mail said one of the students from Bulgaria was escorted to the aircraft by police.

The report said it was thought in Harare that the student may have been expelled because of his outspokeness.

The Cuban expulsions were said to be because of "tropical diseases " found in the trainee teachers. AIDS was not mentioned.

The Zimbabwean Ministry of Foreign Affairs was said to be bitter over the reluctance of socialist countries to treat the students and to share their medical expertise.

The report noted that no Zimbabwean students have been sent home from Western countries. It added that fewer Zimbabweans would now want to study in socialist countries.

13/4/87

A difficult choice — but it's an ill wind that AIDS nobody

"S easy to understand how come the equine virus hrew the thoroughbred breeding industry into a tizz l why at one stage South African breeders thought it uld be more profitable to have a sale of horse ma- e than of yearlings.

Jninformed reports told of the horrific effects the us would have on infant horses who were expected ill but blow up on the impact of hoof on turf. Breed- nationwide went into voluntary quarantine and n refused to answer telephone calls on a party-line. ey were all going to make doubly sure that their ck wouldn't be infected and that they would be able boast "virus-free" horses come the National Year- gs Sales.

Many of the initial reports of the potential damage e by the virus transpired to be rubbish — but good rs travels slowly in the platteland and the virus nained a "vloekwoord" on stud farms.

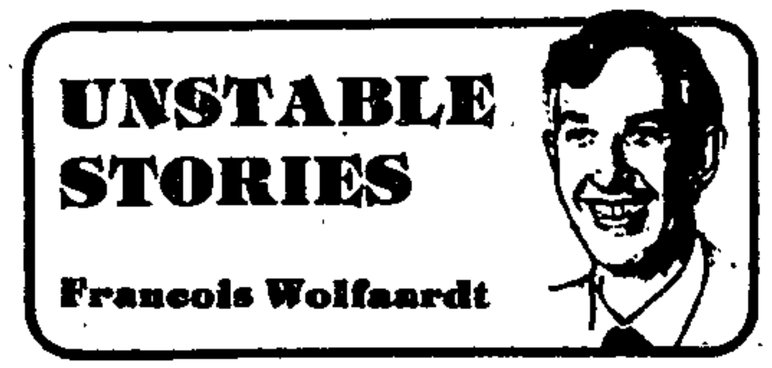
o, when Thoroughbred Breeders' Association chief executive Peter Youell returned from a country tour, he was very much aware of a spirit of pessimism among the more than 100 breeders who hoped to pay their "algemene handelaar" from the proceeds of the NYS.

Now Youell, as chief of this massive and important organisation, knew that he had to introduce some sort of confidence among breeders and buyers who were due to meet face to face over 830 yearlings in a couple of months time.

If you've spent your life selling ice-cream in a heat-wave you'll be unable to understand the pressures which come to bear when you're the one responsible for marketing a product which is about to prove as popular as rats in a Chinese warehouse.

It's a pretty desperate situation — ask your neighbour who drives a Merc — and a time when you'll do and say just about anything to right the situation.

So, when Youell is interviewed by Gus Silber for



Style magazine he says: "Right now, it is socially more acceptable to admit to AIDS than to admit that your yearlings contracted the equine virus."

I'm not about to cite examples from other great leaders who have bungled it at some time or another but suffice to say that Youell's statement must go down as one of the classics in South African racing.

At least, it had a touch of class about it — unlike the one from a Jockey Club steward who said: "Racing isn't crooked, but we're going to clean it up."

And now I can't wait for the first of the breeders to arrive with his yearlings at the sales complex of the Thoroughbred Breeders Association at Gosforth Park.

A couple of years ago breeders had this big thing about their yearlings not having been treated with steroids and the management of the TBA at the time had to use its authority to tell these farmer-freaks to remove signs that said: "This yearling is as steroid-free as Mary Poppins" and "I've never been to Russia — neither has my yearling."

I tell you this simply to explain that breeders love to put notices on the stable doors of their yearlings — and now I can't help but consider the sort of signs we'll see this year — and the conversation between breeder and buyer in view of the Youell statement.

"Oh, hello, darling," says the buyer, "you don't mind if I don't kiss you?" "Of course not," says the breeder. "I've had this little setback — if you know what I mean ... (wink, wink — say no more, say no more) ... and I'd much rather you kissed my virus-free yearlings."

The buyer, who read the Liberace autopsy report, pulls out a rubber glove and gives the breeder a warm handshake before insisting on a little more information.

"I understand that you've been having some hassles on the farm — you know, with this and that?"

"Oh, you're talking about Charles," says the breeder. "Rather sad — and so unexpected. We can't understand how it happened to him but, thank goodness, he seems to be on the mend and we expect him to be back in circulation before the end of the year. Now ... have you seen my virus-free yearlings."

The breeder escorts the buyer to his consignment of yearlings where he is greeted by stable doors plastered with posters akin to a National Party polling booth: "We can't even spell vyras" and "Don't kiss my husband — but our yearlings are safe."

I bet this is one statement you'll never forget — if you'll pardon the pun.

New herpes virus may be deadlier than AIDS

The Star Bureau

LONDON — South African scientists are soon to reveal details of a virulent new strain of herpes which might be transmitted by kissing — and could kill within weeks, according to a newspaper report here.

Identified by Professor Walter Becker and his team at Stellenbosch University, it has been called Human T-Lymphocyte Herpes Virus (HTLHV), the report says, and is believed to be a completely new version of the herpes virus.

According to Alfred Lee, writing in yesterday's *Sunday Express*, the new virus attacks T-Lymphocyte cells, blows them up and destroys them, just as AIDS does. Further details are to be revealed in June.

Professor Becker is quoted as saying: "A 35-year-old white man was suffering from leukaemia and after treatment, doctors were expecting no further complications. But, suddenly, the man took ill. Within a short time, he was dead."

About the same time, the report says, a Scandinavian man in his 40s took ill while passing through Cape Town. A few days later he discharged himself and cannot now be traced. But blood samples from both men contained the new virus.

He said the leukaemia patient had no evidence of AIDS virus in his blood. The Scandinavian man had the virus, but no other symptoms.

Professor Becker told Lee that as the men lived thousands of kilometres apart there was a strong possibility that the new virus was already widespread.

● British scientists at Oxford University have manufactured an AIDS "pseudo-virus" which is the first truly artificial virus.

Its abilities raise for the first time the long-term possibility of an AIDS cure.

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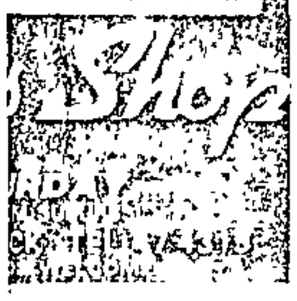

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'Real hope' in battle against Aids, says UCT professor

Argus 23/4/87 92

Staff Reporter

THE "grim prediction" that one of every two sexually active adults will carry the Aids virus by the year 2 000 is unlikely to materialise, says Professor I N Marks, head of gastro-enterology at the University of Cape Town's Medical School.

Delivering his inaugural lecture last night, Professor Marks said he believed the so-called Aids epidemic was an epidemic of homosexual males and other high-risk groups and not of the ordinary person — "at least in the Western world".

Among other reasons, Aids was an extremely difficult disease for the ordinary person to catch and a survey of Aids contacts had shown no non-sexual spread.

There was a "real hope" that more effective, safer drugs or vaccines than were available now would be discovered before the turn of the century.

But Professor Marks warned that the discovery of appropriate treatment might not necessarily contain Aids in the Third World.

Quoting Dr Frank Spracklen, a member of the Aids Advisory Group , he said Aids had to be seen in perspective.

TUBERCULOSIS

"We should remember that although 35 have died from Aids in South Africa, 10 to 20 people die from tuberculosis in South Africa daily and five-million in Africa annually from malaria."

Professor Marks said TB was the fourth biggest cause of death among blacks in Cape Town and that the "lamentably high" mortality rate of 66 for 100 000 was among the highest in the world.

Referring indirectly to the row over segregation in the new Groote Schuur Hospital, Professor Marks said it had been a "source of personal pride" that the gastro-intestinal clinic, started in 1959, had never been segregated.

"I am confident our morals, resources and traditions for excellence will never be sacrificed on the altar of a fading ideology," he said.

UCT prof hopeful for AIDS cure

Own Correspondent

CAPE TOWN — The "grim prediction" that one out of every two sexually active adults would carry the AIDS virus by the year 2000 is unlikely to materialise, says Professor I N Marks, head of gastroenterology at the University of Cape Town's Medical School.

Delivering his inaugural lecture at the university on Wednesday, Professor Marks said in his opinion the so-called Acquired Immune Deficiency Syndrome epidemic was an epidemic of homosexual males and other high-risk groups and not of the ordinary person — "at least in the Western world".

AIDS was an extremely difficult disease for the ordinary person to contract and a household survey of contacts of AIDS had revealed no non-sexual spread.

There was a "real hope" that an even more effective and safer drug or vaccine than was available now would be discovered before the turn of the century.

But Professor Marks warned that the discovery of appropriate treatment might not necessarily contain AIDS in the Third World.

Quoting Dr Frank Spracklen, he said AIDS had to be seen in perspective:

"We should remember that although 35 have died from AIDS in South Africa, 10 to 20 persons die from tuberculosis in South Africa daily and five million in Africa annually from malaria."

Professor Marks pointed out that tuberculosis was the fourth-most important cause of death among blacks in Cape Town and that the "lamentably high" mortality rate of 66 per 100 000 was among the highest in the world.

CAS

Shock for AIDS victims: 'Names should be revealed'

Masa says doctors have a duty to make details known to certain people

CLAIRE ROBERTSON
Pretoria Bureau

The Medical Association of South Africa (Masa) has decided that doctors treating AIDS sufferers should reveal their patients' names to other health professionals, the patients' immediate family and to the Department of Health.

A Masa statement yesterday said: "In view of its contagious nature, and possible fatal consequences which AIDS may hold for persons who come into contact with sufferers, the doctor has a responsibility to the community to make this information known to health professionals (for example, the patient's dentist) and his immediate family. This must be done in the strictest confidence."

The decision yesterday was received with shock and consternation by the gay community.

"I find it frightening," said the chairman of the Gay Association of South Africa (Rand), Mr Dave Aspeling.

Masa's executive committee also recommended that AIDS (acquired immune deficiency syndrome) be classified as a notifiable disease, which obliges doctors to notify the Department of Health in strictest confidence when they come across a case.

"Such notification should not pose embarrassment for patients because personal details are kept strictly confidential," the statement said.

The classifying of AIDS as a notifiable disease was motivated by the need to "co-ordinate statistical details centrally" in order to establish the full extent of the disease.

The Masa executive committee issued the "interim statement" after an all-day meeting in Pretoria.

The statement pointed out that the Medical and Dental Council's ethical rule on professional secrecy states clearly that "a doctor should not divulge verbally or in writing any information *which ought not to be divulged* (Masa's emphasis), regarding the ailments of a patient, except with the express consent of the patient".

The statement added: "The doctor must do everything possible to obtain the patient's co-operation."

The decision to reveal the names of AIDS sufferers was motivated by "the important health risks of AIDS to the community".

In reaching the decision, Masa weighed up "the doctor's ethical responsibility toward the individual patient and the community at large".

"There is a worldwide search

● To Page 2

AIDS shock

● From Page 1

for ways to contain this dreaded disease, and at present the success depends to a large extent on the co-operation of individual AIDS sufferers."

A spokesman for Masa emphasisedthe absolute secrecy surrounding notifiable diseases. "Names are really kept very, very confidential," she said.

Mr Aspeling said he found Masa's decision a "contradiction in terms".

"On the one hand," he said, "they talk of confidentiality, and then letting so many people know. In fact, I even wonder whether this isn't a basic violation of the Hippocratic Oath."

Mr Aspeling said the policy of the Gay Association of South Africa (Gasa) had always been to advise members not to go automatically for testing "because confidentiality cannot be guaranteed".

"This decision, for example, assumes that the next-of-kin knows that the person who has contracted AIDS is gay. It's often not the case, and this could immediately make the sufferer an outcast."

Asked if it were not irresponsible towards both homosexuals who might possibly be AIDS sufferers and the general community surrounding them to advise them not to go for automatic testing, Mr Aspeling said: "We would be satisfied with automatic testing if the Three Cs were satisfied."

These were:

- Informed consent — this meant there must be prior knowledge why blood was being tested and the consequences if the person tested was found to have AIDS.
- Confidentiality.
- Counselling at the end of testing, if it proved positive."

Call for rural education on Aids

COMMUNITIES in rural and tribal areas were threatened by the African pattern of the spread of Aids as a result of hetrosexual promiscuity, according to professor John Moodie, a clinical virologist.

The professor, who is coordinator of the extra-mural department course on Aids at the University of Cape Town, said the African pattern had not yet shown up in South Africa, so there was time to educate those most at risk.

He said people could be educated in safe sexual practices through family planning clinics and village health workers, but leaders would first have to be convinced,and tell the people in a way they can understand, of the risks of promiscuity.

"We want to get across the message that Aids in Western communities is spread almost entirely through homosexual male intercourse and is quite different from the African pattern of hetrosexual transmission."

The course is being held to inform the interested public of the nature of the virus.

Meanwhile, the number of Mexican Aids patients could jump from 407 at present to more than 32 000 within four years unless the public was educated to prevent the spread of the disease, health officials said

The warning came yesterday at a Press conference where Federal Health Secretary Guillermo Soberon said the time has come for frank talk about "safe sex"

He acknowlaged such public discussions could offend some people in the traditionally conservative country.

The number of known and reported Aids cases in Mexico remains small compared to the total population of 80 million, Soberon said.

"We have a great opportunity to reduce the possibilities of seeing Aids spread from the traditional high-risk groups to the general population," said Soberon, flanked by a new national committee on Aids research and control.

Mexico's known Aids cases have grown from one in early 1980, to 407 as of March 31. Homosexual and bisexual men account for 308, or 92 percent of the 335 cases.

City Press 26/4/87

(92)

Herpes may be Aids related

City Press 26/4/87

A SOUTH African expert on Aids (Acquired Immune Deficiency Syndrome) said that he has isolated a new herpes virus which may kill in the same way and which could be a factor in Aids deaths.

Professor Walter Becker, of Stellenbosch University, said tests on the virus were still in their early stages and it was too soon to tell how easily it could be transmitted.

He said the herpes virus was probably transmitted in similar ways to Aids – through sexual contact, blood transfusions and infected needles used by drug addicts.

"It may be related to the disease and it could be important. It's something one must investigate as quickly possible.

"Since it is a herpes virus, it may be more amenable to treatment than Aids," he added.

Becker said the herpes virus, never isolated before in humans, had been identified in recent months in a Cape Town patient who had died and in a man from Zaire who had left hospital and could not now be contacted.

"That indicates that it's not a one-off, local phenomenon. It's likely to occur in other places as well, at least in Africa," he said.

Like Aids, the herpes virus seems to destroy parts of white blood cells which play a central role in combating diseases.

Medical officials said 36 of the 48 known SA Aids sufferers had died from the disease. – Sapa.

(92)

Cop killed

A LEBOWA police officer was killed in Seshego Township, near Maritzburg, at the weekend, when a friend allegedly shot him.

W/O Jacob Mailula was shot in the head and died instantly in the early hours of Sunday, Lieutenant ML Tlomatsand, of the Lebowa police, confirmed.

It is alleged Mailula was in the company of women when his friend, who cannot be named, confronted him in his house.

In the ensuing struggle the policeman's firearm was taken from him and a shot was fired. A man has been arrested and is expected to appear in court soon. – Sapa.

Unlucky stab

By MARTIN NTSOELENGOE

A RAND Supreme Court judge heard how an unemployed Sowetan stabbed his eight-month-old niece to death after the family had objected to him lighting a cigarette from a stove.

Lucas Luckie Mokoena, 22, of Dube Village, Soweto, pleaded not guilty on a charge of murder.

He told the court that, at the time of the crime, he suffered from diminished responsibility.

However, the judge dimissed his claim, and found Mokoena guilty of murder.

His counsel pleaded that he should be given lashes and a suspended sentence, but Mokoena was sentenced to three years' imprisonment.

Wife learns AIDS secret after her husband's suicide

By SHAUN HARRIS

THE WIFE of a long-term AIDS sufferer learned of her husband's deadly disease only after he had committed suicide, it has been revealed.

An inquest court in Durban this week ruled that Mr Allan Campbell, who was found dead from carbon monoxide poisoning in his car in Durban last September, had committed suicide.

But a post-mortem examination report submitted to the court found Mr Campbell had a history of AIDS.

The finding was backed by the family doctor, who in an affidavit said he had been treating Mr Campbell for what started as an "unexplained fever" since 1982.

The doctor said the AIDS virus was positively identified in his patient in 1985.

Distressed

Mrs Solfrid Campbell was away from home this week, getting over the ordeal of the inquest.

But a family member, who asked not to be identified, said Mrs Campbell had found out her husband was an AIDS victim only after he committed suicide.

"She has been very distressed since her husband died, especially since she had no idea he had AIDS.

"I believe she has been tested for the virus," the family member said.

A first AIDS kit for royalty

LONDON — New measures to protect the Queen and other members of the Royal Family against AIDS infection on overseas trips are being introduced by Buckingham Palace.

The special portable medical kits contain sterile packs of needles, syringes, blood plasma and other equipment which can keep a patient alive for three days without a blood transfusion. They will now be part of the royal luggage.

Princess Margaret is expected to be the first member of the Royal Family to take a kit abroad when she pays an official visit to China next month.

The first two medical packs, costing £140 each and contained in what look like bright green airline shoulder bags, were delivered to the palace a few days before Prince Charles and Diana left for their visit to Spain which ended on Friday. It is not clear whether they took the kits with them. Buckingham Palace would not comment.

Own Correspondent

A spokesman for the firm that produced the kits said the type made for royalty was the "most upmarket" model. Different kits are available for other travellers.

rejected. — Sapa

Sapa-Times 27/6/97

Notifiable Aids

PRETORIA — The Medical Association of South Africa (Masa) has recommended that Aids be made a notifiable disease.

Masa's executive committee said in a statement that doctors had a responsibility to the community to make information known to health professionals and the sufferer's immediate family. — Sapa

Four Aids cases in Namibia

Cape Times 7/5/87 (92)

WINDHOEK. — Four Aids cases have been diagnosed in Namibia and another 33 people showed positive indications of the disease, according to the state pathologist, Dr Dawid Toerien.

The statistics emerged from a survey in which blood samples of 8 750 people were tested. The survey is continuing.

Dr Toerien said that the 33 people showing positive signs were regarded as provisionally positive only.

South African Aids-testing procedure required two screenings and one confirmatory test before a patient was diagnosed as having the disease.

Many of the 33 people tested positively had only undergone the first round of checks. — Sapa

Namibia takes stock of AIDS

WINDHOEK — Four AIDS cases had been diagnosed in Namibia and another 33 people showed positive indications of the disease in provisional serological tests, state pathologist Dr Dawid Toerien said here yesterday.

The statistics emerged from a continuous countrywide medical survey in which blood samples of 8 750 people had been tested to date.

Toerien said the 33 people showing positive serological signs of AIDS were regarded as provisionally positive only.

SA AIDS-testing procedure required two screenings and one confirmatory test before a patient was diagnosed as having the disease.

Many of the 33 people tested positively had only undergone the first round of checks.

Toerien said: "A remarkably high percentage of people show up negatively in the second screening."

A clear clinical picture of the incidence of AIDS in Namibia was expected to develop in about a month when the final test results became available.

Toerien said it was difficult to assess accurately the number of AIDS cases in Namibia, which had been regarded so far as virtually free of the killer disease.

He said: "People who prove negative may have AIDS, because the virus remains dormant for the first six to eight weeks.

"High-risk individuals like prostitutes, homosexuals and drug addicts are hesitant to come forward.

"If they would come forward, the evaluation could be completed in two months."

Toerien said major problems in the combating of AIDS in Namibia were a heavy cross-border traffic into neighbouring states and a perturbing lack of knowledge among the public of the dissemination of the virus.

A government sub-committee had been formed which would begin distributing pamphlets and posters in due course.

Medical specialists world-wide said earlier that never before in history was so much money and effort being spent on research of a single illness, but they doubted whether an efficacious medical solution to AIDS would be found before the end of this century. — Sapa.

ARGUS 8/5/87 92

SA's youngest victim is in city hospital

Staff Reporter

CAPE TOWN has the youngest Aids sufferer in the country. A test on a four-year-old boy at the Red Cross War Memorial Children's Hospital has shown he has the virus.



The little boy is one of two haemophiliacs found to have a high concentration of Aids antibodies after receiving transfusions of imported plasma.

According to an article in the latest edition of the South African Medical Journal, a study conducted among 38 children at the Red Cross Hospital haemophilia clinic with congenital coagulation disorders showed the four-year-old and a 16-year-old boy were carrying Aids antibodies.

Before screening

Both received imported plasma before screening processes were implemented to alert medical staff to the presence of Aids antibodies in donated blood products.

No patients treated with local products were tested positive for Aids.

Only the four-year-old shows some features of the Aids-related complex. The 16-year-old boy is clinically healthy.

A 13-year-old boy in Johannesburg is the only other known juvenile in South Africa suffering from the disease.

A majority of haemophiliacs who have received plasma products in the past five years have been exposed to Aids. It is not known what the risk of infection is among patients in South Africa.

By August 1985, 71 patients with coagulation disorders in the United States and 27 haemophiliacs in Europe had been reported as having Aids. Eight of these patients were children.

To date, of the 907 patients with haemophilia and 182 with related diseases in South Africa only one is known to have Aids.

Researchers at the Red Cross Hospital said their results suggest that patients receiving non-treated commercial concentrates seem to be at a greater risk of Aids infection.

The medical director of the Western Province Blood Transfusion Service, Dr Pat Coghlan, said there was no need for the public to panic as all blood handled by the organisation was perfectly safe.

He said that since September 1985 a very strict screening process was established, with donors being given a detailed questionnaire to complete before donating blood.

"Every single pint is tested for the presence of antibodies and we believe our blood is perfectly safe," Dr Coghlan said.

The service did not screen imported blood products, which are usually tested in hospitals.

Low incidence

However, certain blood products such as albumin, which is manufactured in South Africa, were tested before use.

"The incidence of Aids in South Africa is still very low so there is no need for panic," Dr Coghlan said.

There are now 49 South Africans suffering from Aids, with 41 deaths reported since 1982.

Up until March this year, only three active Aids patients were alive in Cape Town and seven had died.

CIPREP 0/5/87 (92)

Gay wins ban on magazine

A DUTCH homosexual has won a court case, preventing further distribution of a magazine which carried an article suggesting that Aids was God's punishment meted out to homosexuals.

Fred van Zijl of Amsterdam had filed a civil suit against publishers of issue 17 of gospel magazine *Evan*, which was described by the court as "hurtful, offensive and highly insensitive".

Publisher Lucas Goeree and his wife, Jenny, who are fundamental preachers, face fines if they break the court ban.

Issue 17 of the magazine was headlined "Sodom is the Netherlands". It included the remark that Acquired Immune Deficiency Syndrome (Aids), which reduces the body's ability to fight disease, was a result of homosexuals' sins.

Homosexuals are particularly at risk from Aids, but other groups are also being infected.

Last year a court banned the Goerees from publishing periodicals containing anti-semitic statements. – Sapa.

How many have to die?

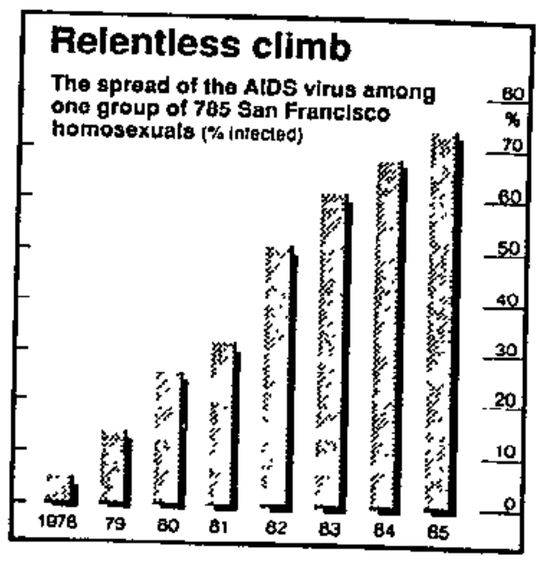
11/5/87

From The Economist

How many people who are infected by the Aids virus will contract the fatal disease itself? At first, scientists thought it would be 5 percent. The fraction has been creeping up as the years have passed. Optimists now say 30 percent, pessimists 70 percent and alarmists 90 percent. Who is right?

It is a hard question to answer because most people with the virus do not know when they were infected. A small number of homosexuals in San Francisco who were enrolled in a study of hepatitis in the late 1970s know roughly; and most people who got the virus from blood transfusions know exactly. But these are small samples and they may not be representative.

The San Francisco group has developed symptoms at an increasing rate as each year passes. Only 4 percent of infected people had Aids in the first three years after infection, 14 percent after five years and 36 percent after seven years.



The fact that the graph is still rising does not mean it will rise for ever. To judge from other diseases, at some stage the probability of acquiring symptoms will fall. The number eventually diseased and the average time beween being infected and diseased will then depend on the shape of the curve.

Dr Malcolm Rees of St Stephen's Hospital in London has assumed that the curve is bell-shaped and has concluded that the curve that fits the transfusion data best is one in which the average time between infection and disease is 15 years, with a standard deviation of five years.

That is depressing news, but Dr Rees's model is far from foolproof. His "standard deviation" means that about two-thirds of those who do turn from infected to symptomatic will do so between 10 and 20 years after first being infected. Yet this is disproved by the evidence from San Francisco: after only seven years, 36 percent have developed symptoms.

Dr Robert May of Princeton University says that to infer a 15-year mean from less than six years' data is to produce unreliable results, but he admits there is no alternative. His own model leads him to a surprising conclusion. The epidemic will probably claim more lives if not everybody who gets the virus gets Aids — because those who do not show symptoms and live longer can spread the virus further.

SA is facing major Aids epidemic — world report

92
SAP
11/5/87

The Star Bureau

LONDON — South Africa is facing a "major and widespread" Aids epidemic among its black population, says a report published today by the world charity, War on Want.

The report, "Aids: Proposals for Action" says: "There is a unique set of circumstances conspiring to put South Africa at particular risk. The authorities' use of segregated populations of black migrant workers and the country's excellent transport will allow Aids to spread dramatically once it gets into the country from the north.'

The document pinpoints a series of crucial road, rail and air routes by which the disease is now spreading through Africa, and highlights those countries most at risk.

Southern nations are likely to be the most seriously affected, it says, as migrant workers bring the disease south along major highways.

Overall, the report predicts, there may be 75 million people dead or dying from Aids in Africa in the next five years.

Those countries facing the worst effects of the new "wave" are Zimbabwe, Mozambique, Angola — and, above all, South Africa, which is considered the most vulnerable.

"Large urban centres and their associated townships at Cape Town, Port Elizabeth, East London, Durban, Johannesburg and Pretoria will undoubtedly provide large reservoirs of the virus.

"As workers travel, it will be disseminated throughout the country."

War on Want warns that apartheid will worsen the problem. Different incidences of the disease among whites and blacks will be used as propaganda while manipulation of information will hinder the organisation of programmes set up to deal with the epidemic.

The report warns of the dire social and economic effects ... and that "substantial increases in urban destitution could also lead to visible social disturbances such as riots".

It goes on: "The chronic low-level conflicts in southern Africa, already critically disturbing in Angola and Mozambique, may blossom into even more destructive activity."

Little Simone's mum has a Mother's Day of her dreams

By Toni Younghusband

Mrs Marcia Georgiades had the Mother's Day of her dreams — a day of happiness with her four-year-old liver transplant daughter Simone.

Little Simone, who arrived back in South Africa on Saturday after three major liver operations during a seven-month stay in London, laughed and played for the first time in months.

Seeing her daughter happy and well was for Mrs Georgiades the "best Mother's Day present ever".

"We had a marvellous day at the zoo. She rode on the donkeys twice and on the tractor-trailer. She played with her friend and is full of bounce," Mrs Georgiades told The Star last night.

Simone will have to go to the Johannesburg General Hospital tomorrow for blood tests. Follow-up care is to be provided by the hospital and should all go well Simone may not need to return to London.

Simone was in a coma when the first operation was performed on December 20.

According to Mr Andrew Georgiades, Simone's father, it will be a year before doctors can be absolutely sure the operations were successful.



Mr Andrew Georgiades greets his daughter, transplant girl Simone, at Jan Smuts Airport.

(92) SMM 11/5/87.

Test holds promise but its reliability is unclear

GENEVA — Tests that try to detect acquired immune deficiency syndrome (Aids) virus rather than antibodies it produces hold promise, but their reliability remains unclear, the head of the Aids section of the World Health Organisation (WHO) said last week.

Dr Jonathan Mann said there was concern that the tests, under development by several companies, did not always detect the virus.

A Belgian company, Innogenetics NV, said last week it had developed a test kit for detecting the Aids viruses HIV-1 and HIV-2 in blood and other body fluids in just over two hours.

A spokesman at the company's Ghent office said the test could detect Aids three to four weeks after infection, months earlier than tests for antibodies.

However Dr Mann cautioned that virus testing, after several years of research, had "not really appeared to be as good as we would hope".

He said he was aware of the Belgian company's research and that virus testing "could be a step forward if the promise it theoretically holds works out to be true".

About a dozen laboratories were also working on an Aids vaccine and at least two or three prototypes would be ready for human testing this year.

Acquired immune deficiency syndrome destroys the body's ability to fight disease. WHO figures showed 48 527 reported Aids cases by last Monday, with 105 countries providing information.

Dr Mann stressed that Aids cases reported to date were only the tip of the iceberg: 500 000 to three million new cases could be registered in the next five years among the five million to 10 million people already infected with the virus, he said.

Many areas, especially Europe, faced "a precipitous increase".

In Europe reported cases were expected to increase 20-fold from about 5 000 now to 100 000 in 1991. The US total was likely to rise from some 34 000 to 270 000, Dr Mann said.

WHO estimated 50 to 100 million people would carry the virus by 1991, but emphasised the total could rise even more if Aids spread through Latin America and Asia.

● British Secretary of Health and Social Services Mr Norman Fowler said an international conference of Health Ministers to discuss public education on Aids was planned in London for November or December. — Associated Press.

Aids variant could start new epidemic, warn researchers

BOSTON — A cousin of the Aids virus found in West Africa causes a disease indistinguishable from Aids and may ignite a new epidemic, French researchers say.

The virus, called HIV-2, was discovered in 1984. It is distinct from HIV-1, which causes Aids.

"It seems to be localised in West Africa at the moment," said Dr Francois Clavel of the Pasteur Institute, "but there is no reason why this epidemic would not spread over Africa, Europe or other countries, as HIV-1 did, unless we are very vigilant and can detect carriers."

Earlier researchers from the Pasteur Institute in Paris reported finding HIV-2 in two Aids patients. Dr Clavel said the latest study, documenting HIV-2 infection in 30 people, provided strong evidence that the virus actually caused the disease.

Though genetically different, the two viruses appear to attack the body in similar ways and cause identical diseases. However, the differences between the two microbes could complicate efforts to find an Aids vaccine.

The researchers studied HIV-2 infection in 30 people from Guinea-Bissau or the Cape Verde Islands treated in Lisbon. Of these, 17 had acquired immune deficiency syndrome while the rest had Aids-related complex or no symptoms. None was infected with HIV-1.

In their report, published in the *New England Journal of Medicine*, the French researchers wrote: "It appears clear the HIV-2, a virus related to but distinct from HIV-1, is the cause of Aids in some West Africans and that a new Aids epidemic is possible (but not yet documented) in West Africa."

HIV-2 is genetically similar to SIV, which causes an Aids-like disease in monkeys.

At the New England Regional Primate Research Centre Dr Norman Letvin, an authority on the monkey virus, said he feared that someone successfully vaccinated against HIV-1 could still get sick from HIV-2.

The emergence of HIV-2, he said, "adds another huge level of complexity on to the issue of successfully vaccinating the population. None of this is good news". — Sapa-AP.

Joint venture on global campaign

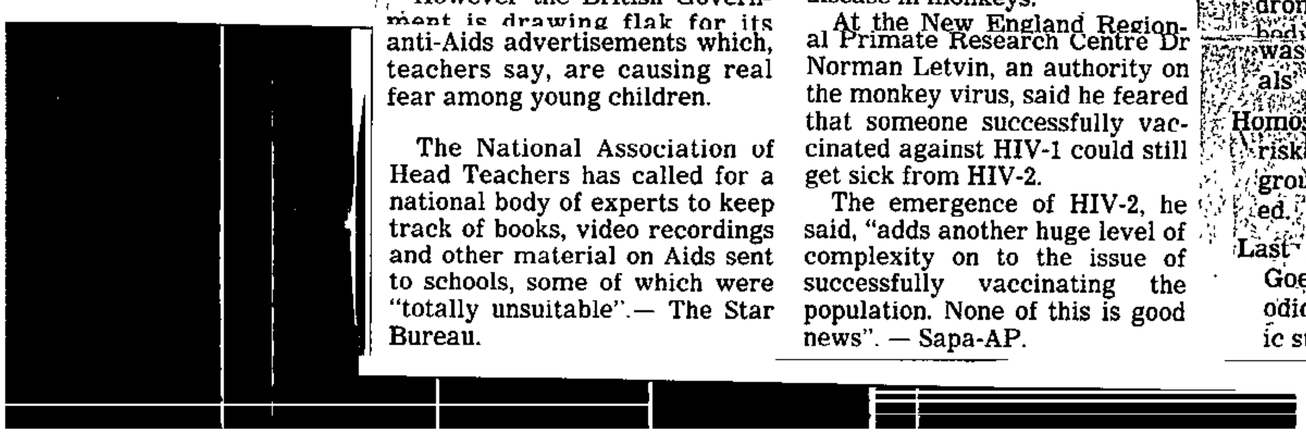
LONDON — Britain has joined the World Health Organisation in sponsoring a conference to give new impetus to the global campaign against Aids.

A report this week said the conference would discuss education and co-operation between nations fighting the disease.

It is estimated that between 500 000 and three million new cases may be registered in the next few years. Between five and 10 million people are estimated to be infected.

However the British Government is drawing flak for its anti-Aids advertisements which, teachers say, are causing real fear among young children.

The National Association of Head Teachers has called for a national body of experts to keep track of books, video recordings and other material on Aids sent to schools, some of which were "totally unsuitable".— The Star Bureau.



Anti-gay mag halted

THE HAGUE — A Dutch court yesterday banned further distribution of a magazine containing an article suggesting Aids was God's punishment meted out to homosexuals.

Ruling on a civil suit filed by Amsterdam homosexual Mr Fred van Zijl, the court in the central Dutch town of Zwolle described the magazine's remarks as "hurtful, offensive and highly insensitive".

It ordered fundamentalist preachers Mr Lucas and Mrs Jenny Goeree to cease distributing issue 17 of their gospel magazine *Evan*. They face fines if they break the court ban.

AT RISK

Issue 17 was headlined "Sodom is the Netherlands". It included the remark that Acquired Immune Deficiency Syndrome, which reduces the body's ability to fight disease, was the result of homosexuals' sins.

Homosexuals are particularly at risk from Aids but other groups are also being infected.

Last year a court banned the Goerees from publishing periodicals containing anti-Semitic statements.

Migrant workers Aids threat to SA?

Own Correspondent

LONDON — A report by a major world charity claims that South Africa faces a widespread epidemic of Aids among its black population.

And at least one South African Aids expert believes the report has identified a major risk of the spread of the virus which causes the deadly disease

The document by War on Want, to be published today, claims that although Central African countries are at present most seriously affected, one of the most vulnerable countries in the future is South Africa.

This, says the report, is because of the migration of black workers.

The report says that Aids, from Zambia and Zimbabwe, is likely to spread into Angola and Mozambique and southwards in South Africa.

Entitled "Aids: Proposals for Action", the report said cities such as Johannesburg, Cape Town, Durban, Port Elizabeth and Pretoria would "undoubtedly provide large reservoirs of the virus".

It adds: "As migrant workers travel, it (the Aids virus) will be disseminated throughout the country."

The charity recommends international co-operation in coping with the problem of Aids, with developed countries contributing a major share of assistance to those without the resources to tackle the threat adequately.

Professor Walter Becker, a leading South African researcher on the Aids virus, said yesterday that the scenario painted by the report was possible — "the formula for the spread of the virus by migrant labourers exists, as long as nothing is done to prevent it happening.

"There is a definite danger in this but that danger has been recognized and the State health authorities have taken definite positive preventive steps to avoid the further spread of the virus into the South African population.

"However, this is a very difficult problem — such preventive action takes time to implement and control measures cannot be introduced overnight."

The testing of migrant labourers for the presence of antibodies to the Aids virus, particularly those working on South African mines, has already been undertaken by the health authorities, including the SA Institute of Medical Research.

Although blanket testing has not yet been undertaken for all migrant labourers, it has been instituted for mine workers from "high-risk" countries such as Malawi.

One screening programme showed that roughly 4% of Malawians working on SA mines were carriers of the virus, a much higher figure than those for Mozambicans and workers from other neighbouring states.

Press rapped for Aids story

WASHINGTON. — The first congressman known to have died from Aids wanted the nation to know how he died, but his wish has touched off a debate that angry friends fear will overshadow his real legacy.

Congressman Mr Stewart McKinney was a compassionate crusader for the poor during his 17-year House career, and that was acknowledged during the outpourings of affection and sorrow for the popular Connecticut Republican.

But amid the condolences were two attacks on the Washington Post for reporting that Mr McKinney may have contracted Aids through homosexual contacts rather than the 1979 blood transfusions cited by his doctor.

"Here's another example of a person whose contribution will not be remembered. He'll be defined by what a couple of reporters decided to write about what they say they discovered from some undisclosed sources in town," Senator Christopher Dodd, a Democrat from Connecticut, said in the Senate.

Noting Mr McKinney's long and distinguished service on the District of Columbia Committee, Mr Dodd complained: "Were they (the Post) paying attention to him because of that contribution? No. Rather, the question was whether or not he might be gay." — Sapa-AP

92 B Day 9/3/87

Edited by Robin Friedland

Old Mutual: AIDS clause

THE Old Mutual has recently introduced an AIDS-related question into its policy proposal forms, although the incidence of infection with the virus is still low in SA.

The chief medical officer of the Old Mutual, Dr Ivan Lockyer, says that infection with the AIDS virus is "confined to certain high risk groups in SA" and the prevalence of the disease within the general population is "very low" — diagnosed cases are about 1,4 per million, compared with 140 per million in the US.

Major concern

The question now being asked by the Mutual in its proposal forms is "whether the individual has received or expects to receive any medical advice, counselling, treatment or blood test in connection with AIDS or an AIDS-related condition".

Depending on the answer, the Mutual "reserves the right to clarify the situation".

Lockyer says that the Mutual's major concern is "to protect the general body of policy-holders from those who know they have AIDS".

Asking this question is "the professional and responsible way of doing business" and is accepted worldwide as sound underwriting practice.

With the low incidence of AIDS in SA, the Mutual will not use blood tests as a routine screening procedure for underwriting purposes.

Blood tests for AIDS will only be carried out "in highly selected cases," where the applicant "is known to be a member of one of the high risk groups".

This will only be done "with the consent of the applicant" and on the basis of liason with his own doctor.

Lockyer says that no prospective Mutual policy-holders have yet been required to have blood tests for AIDS.

But the Mutual "is acutely aware of the responsibility it has towards both the general public and its policyholders on the question of screening for AIDS," and is keeping abreast of the latest developments both nationally and internationally.

Andrew McGinn, senior manager at Federated Life, says that the biggest problem with AIDS is that "people can carry the virus for a very long time" before it develops into AIDS.

"The so-called 'carrier stage' is extremely variable, and thought to be from a few days to five or more years.

"This makes it very difficult to determine to what extent the disease has spread and what effect it will have on future mortality."

'Very few'

Neville McKay, marketing actuary at Southern Life, says that SA has "very few" AIDS victims at this stage," and the number of AIDS death claims is very small "relative to the number one killer in SA — heart attack".

But the "possibility for escalation" is real — McKay would expect all life offices to "monitor all developments" closely.

"We would be foolish to over-react" to the situation — McKay does not foresee AIDS being the major issue to be addressed by the industry in the short-term.

Expert says TB can be linked with Aids

CAPE TOWN — Early diagnosis of tuberculosis — often the first symptom of Aids — was of crucial importance in developing countries, a symposium was told yesterday.

Professor Francoise Portaels, of Belgium's Institute of Tropical Medicine, told a three-day symposium on TB presented by the South African Medical Research Council that studies showed that the Aids virus was present in between 30% and 60% of TB patients from developing countries.

This was a significantly higher percentage than in TB patients from industrialised countries.

She said TB was often the first symptom of Aids because it preceded all other opportunistic infections.

"Therefore early detection is very important," she said.

Professor Portaels told delegates that physicians in developing countries should maintain a "high level of suspicion" of TB patients.

She said that TB would soon become a major problem, especially in cities, if it was not treated in time, as the disease was contagious. — Sapa

Aids is made-in-USA, claim Soviet 'experts'

WASHINGTON. — American experts on Soviet affairs allege that Moscow is waging an effective "black propaganda" campaign to blame Aids on the United States.

Aids — a fatal, sexually-transmitted disease for which there is no known cure — has sown worldwide panic as it has spread from homosexuals and intravenous drug users to the heterosexual population.

The origin of the disease is a mystery, medical researchers say.

But in recent months some news publications around the world have lent credence to an allegation — Washington says it was concocted by the Soviet KGB espionage service — that the disease resulted from a Defence Department gene-splicing experiment at Fort Detrick, Maryland, which went badly awry.

"If media replay is an indication of success then this campaign has been very successful," said Herbert Romerstein, a US Information Agency (USIA) specialist on Soviet "disinformation" or "black propaganda", as experts refer to lies that discredit another government.

The Aids claim was made most recently in a Soviet military magazine, repeated by the official Soviet news agency Tass on March 30 and then reported in newspapers in Japan, Jordan, Morocco, Ghana, Finland and the United States.

Fort Detrick is a site of US Government medical research, including studies of Aids.

No evidence

But Aids experts at the National Institutes of Health say there is no evidence that the Aids virus was created in any laboratory.

Dr Viktor Zhadnov, a leading Soviet Aids specialist, has also discounted that theory, estimating that the virus could be from 200 to 2 000 years old.

Some scientists have theorised that Aids originated in African monkeys and was somehow passed to people.

In any case the US Government has sought to refute the "made-in-the-USA" allegation at every opportunity.

Yet, it seems, the story will not die.

Allegation

"It's crazy, but it just keeps popping up," Tod Leventhal, another USIA disinformation specialist, told Reuters.

A Soviet study alleged that it was customary in Fort Detrick to make use of volunteers for experiments with the pathogenes (disease-causing agents).

"The spreading of Aids to the world emanated from New York, a city in the neighbourhood of Fort Detrick."

The State Department report said newspapers in at least 30 countries have reported or reprinted the report. — Sapa-Reuter.

Killer Aids strikes boy aged 4

Heather — an iron lady who twists the male myth

SARA MARTIN

"You don't have to be strong to be a blacksmith, it's all a matter of technique," says Heather Shoebotham.

What is strange is that these words come from a stunning, blue-eyed 22-year-old blonde who happens to be South Africa's only woman blacksmith.

She sports no muscles, but her arms look tough — as is the look in her eye.

At her blacksmith's workshop at Gold Reef City, Heather demonstrates what she regards as her "art" — the way it was done 100 years ago — to numerous visitors each day.

She is undaunted by the heat of her small shop where the blazing forge soars to over 2 000 degrees, pushing up temperatures to over 50 degrees Farenheit in summer.

"It is always 20 degrees higher in here than outside. But I manage to keep cool," she says and looks it too.

Much of her equipment is self made. Several of the instruments look as though they requre the strength of two people to handle, but the petite blonde says she can handle them quite comfortably.

SKILLS

"I picked them up from old mines all over the country," she says.

Her *piece de resistance* is a 200-year-old, 1,53 m bellows which took her ages to find.

Few people realise, she says, that blacksmith skills extend beyond shoeing horses to the making of steel implements including weapons and armour.

Heather's talent is displayed all over Gold Reef City — from the ornate wrought-iron work to the railings, hitching posts and shop fittings.

The only aspect of the job she doesn't wish to get involved is pulling teeth.

"It used to be a blacksmith's job



A SMASHIN' SMITHY: Blacksmith skills extend beyond shoeing horses to the making of steel implements including weapons and armour says Heather Shoebotham.
● Photograph: Ruvan Boshoff.

Imported blood plasma was given

(92) May 1987

CAPE TOWN — A test on a four-year-old boy at the Red Cross War Memorial Children's Hospital has shown the Cape Town boy has the killer disease Aids.

The child is one of two haemophiliacs found to have a high concentration of Aids antibodies after receiving transfusions of imported plasma.

According to an article in the latest edition of *The SA Medical Journal*, a study conducted among 38 children at the Red Cross Hospital haemophilia clinic with congenital coagulation disorders, showed the four-year-old and a 16-year-old boy were carrying Aids antibodies.

Both received imported plasma before screening processes were implemented.

No patients treated with local products were tested positive for Aids.

Only the four-year-old shows some features of the Aids-related complex. The 16-year-old boy is clinically healthy.

A 13-year-old boy in Johannesburg is the only other known juvenile in South Africa who has the disease.

GREATER RISK

Researchers at the Red Cross Hospital said their results suggested that patients receiving non-treated commercial concentrates seemed to be at a greater risk of Aids infection.

The medical director of the Western Province Blood Transfusion Service, Dr Pat Coghlan, said there was no need for the public to panic as all blood handled by the organisation was safe.

He said a strict screening process was established in September 1985, with donors being given a detailed questionnaire to complete before giving blood.

"Every single pint is tested for the presence of antibodies and we believe our blood is safe," Dr Coughlan said.

The service did not screen imported blood products, which are usually tested in hospitals.

However, certain blood products such as albumin, which is manufactured in South Africa, were tested before use.

"The incidence of Aids in South Africa is still very low so there is no need for panic," Dr Coughlan said.

There are now 49 South Africans suffering from Aids, with 41 deaths reported since 1982. — Sapa.

A sister's courage



HEROINE: Stevan Bogos hugs his sister Natalie who saved his life. Lying at the bottom of the pool as silent witness to what could have been a tragic ending is Stevan's bicycle.
● Photograph: Alf Kumalo.

Natalie (7) prevents pool death

SARA MARTIN

Brave Natalie Bogos (7) rescued her brother, Stevan (3), from certain death this week by hauling him out of the family's Meredale swimming pool.

Still in a state of shock, Mrs Glenda Bogos said she had left her children in the care of her domestic servant, Miss Margret Malekome, for a very short time while she went to pick up a friend. The children were playing indoors while Miss Malekome was cooking.

However, they managed to open the French doors of the lounge that lead into the back yard and the swimming pool.

The safety net over the pool had been removed the previous week as it impeded cleaning leaves from the bottom.

Stevan began to ride his bike on the edge of the pool. A puddle of water made the wheels slip, hurling boy and bicycle into the deep end.

Natalie, who was standing close-by, dived after him, even though she can hardly swim herself. She brought him to the surface, pulled him to the edge and gave him a hard smack on the back, strong enough to bring up the water he had swallowed.

She then carried him indoors and gave him a hot bath.

Just then Mrs Bogos walked in, to discover how close she had come to losing her son. It all happened so quickly that Miss Malekome had not even noticed the children's absence.

The heroine of the day, who has never been taught life-saving, says she saw it all on TV.

A lonely bicycle at the bottom of the pool bears silent witness to what could have been a tragic ending.

Man killed at roadblock

GABORONE — A Zimbabwean working in Botswana, Mr Ray Archibald, was shot dead at a roadblock near Francistown on Thursday while his wife and three children watched from their car.

Mr Archibald was returning from a visit to Harare when he was stopped at a roadblock just south of Francistown at about 5 pm.

An altercation ensued, during which Mr Archibald was shot dead.

No further details were immediately available. — Saturday Star Africa News Service.

A few things you wanted to know about Aids — carefully protected by a tight-fitting plastic sheath

AVOIDING AIDS: What every South African man and woman should know about preventing infection, by Vincent Leroux and Dr Frank Spracklen (Anubis Press, R4,95)

IT is not often that one can justifiably criticise a publication without even opening it. However, if *Avoiding Aids* was intended to demystify the disease, sealing the booklet in transparent plastic, on the ground that it includes "explicit sexual information", and then slapping on a hefty price tag must be considered counter-productive.

The arrival of the booklet is indeed timely. Although Aids (Acquired Immune Deficiency Syndrome) has claimed 30 000 victims in the United States alone, it remains in its infancy in South Africa. There is at present no reliable drug therapy for Aids and no imminent prospect of a vaccine against the disease-causing virus.

Public education, accessible in its terminology and frank in its discussion of sexuality and drug abuse, is the only realistic hope of stemming disease dissemination. Physical and financial barriers of the sort erected here do little to facilitate the educational process.

The authors are Dr Frank Spracklen, a member of the National Advisory Group on Aids, and Vincent Leroux, who as previous author of a handbook on how to emigrate from South Africa and now *Avoiding AIDS*, must rank as one of this country's leading journalistic opportunists.

In *Avoiding AIDS* they outline methods for members of the public to reduce or eliminate their chances of acquiring infection. The epidemiology, symptoms and prognosis of the disease are well described and the distinction between infection and disease clearly illuminated.

Discussions of sexual practices are, for the most part, appropriately explicit and devoid of judgemental language. Methods for members of high-risk groups to reduce or eliminate their chances of acquiring infection are outlined.

The sections addressing the risks of various sexual and non-sexual practices, although never factually inaccurate, fail to place these risks in proper perspective. A discussion of kissing, which has never been shown to promote viral transmission, is presented under the category of "high-risk activities" and precedes the section on male homosexuality.

Diverting attention to such unlikely modes of transmission as public lavatory seats, communion wine and being raped by an Aids carrier is more likely to engender panic than promote rational behavioural changes. The authors fail to state clearly that:

- Aids has only been shown to be spread by sexual contact, exchange of blood and blood products and passage from an infected mother to her offspring, and
- The risk of acquiring the disease if one is not a member of a high-risk group is remote.

Finally, the authors have unfortunately omitted a bibliography and a list of drug counselling and gay support groups.

As an attempt to demystify a disease that is rapidly becoming enveloped in factual distortion and social prejudice, *Avoiding AIDS* falls short of the mark. Regrettably, aside from a skimpy four page leaflet produced by the Health Department, it is all we have.

Peter Lurie

Pandora's girls to take Aids test

Sanctions doubts by UK envoy

SATURDAY STAR FOREIGN NEWS SERVICE

LONDON — Mr Robin Renwick, who is to become British Ambassador to South Africa in July, appears to be sceptical of the value of sanctions.

In a book he wrote after his experiences as a member of the Foreign Office group that drew up the strategy that led to Rhodesia's transition to independent Zimbabwe, he wrote: "To abandon altogether the idea of recourse to sanctions in response to acts of aggression or other flagrant violations of international law or human rights would be to reduce the choice of responses to one between military action and acquiescence — an unattractive choice at the best of times."

But he added: "They may have some deterrent effect, though they are not likely to do so if the regime believes its survival in any event to be at stake.

"Once applied they may, if sufficiently effective, weaken the target regime, but they will not necessarily change its behaviour ... Exaggerated expectations should not be entertained as to the likely economic effects, or the time scale on which these may be felt; still less as to the probable political results."

Mr Renwick (49) was once head of the Rhodesia Department at the Foreign and Commonwealth Office, and acted as political adviser to Lord Soames, Rhodesia's last Governor.

He helped persuade Mr Ian Smith's army commander from mounting a pre-independence election coup, according to a Fleet Street columnist.

STAFF REPORTERS

The conservative Northern Transvaal town of Pietersburg is abuzz over its first escort agency — which will be opening soon amid controversy and speculation — and the news that escorts will need medical certificates saying they do not have Aids.

The agency has had a rough passage so far, with church leaders and other bodies lodging objections. The owner, Mr George Kleynhans, had his licence application turned down last year by the Pietersburg Town Council's licencing board, which claimed there was no demand for such an enterprise.

Mr Kleynhans successfully brought his case before an appeal board, which approved the application subject to certain conditions.

All "transactions" and the names and addresses of clients must be registered and each woman em ployed by the agency will have to produce a certificate from the district surgeon stating she is not a carrier of Aids or any similar disease.

It is this health condition which has fanned speculation about the nature of the agency's activities. Mr Kleynhans has stated emphatically that the agency, know as Pandora's Box, will merely "introduce female companions to clients".

A final decision on the matter still has to be taken by the town council. Councillors approached by The Star refused to comment.

In Johannesburg, escort girls and agencies have come out in full support of the introduction of compulsory medical certificates.

Said escort hostess Natasha, from the Playmate agency: "It is very good that it should be introduced, then it would be legalised."

Asked what would legalised, Natasha said she meant the hostess business.

"We all go for a medical check-up at least twice a month," she said.

'YOU NEVER KNOW'

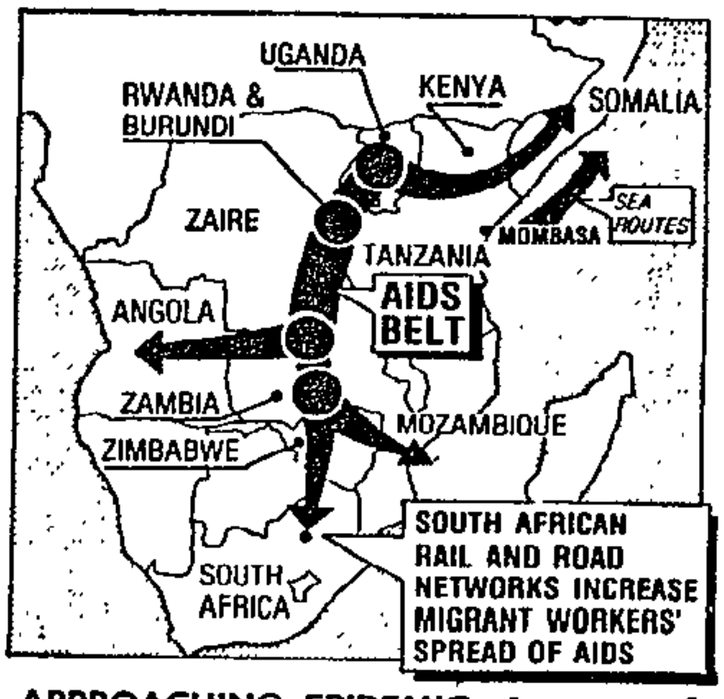
Christalline, from the Charmant agency, supported the move "because you never know whom you might meet."

Medical check-ups should not be limited to escort agencies, but to every man and woman, said Miki Bako, of Romance Escort Agencies.

When told about the Pietersburg agency, Johannesburg city councillor Mrs Molly Kopel retorted: "It's the Knippie Kommando, that's what its is!"

In the face of the serious political activity going on in her own council, the municipal representative for Ward 33 — Von Brandis — snatched at the chance of a little light relief.

She wondered whether the register of clients Mr Kleynhans had been told he would have to keep would be made available to the opposition in the Pietersburg Town Council.



APPROACHING EPIDEMIC: A wave of Aids is spreading south by these routes.

She said she was not taking up arms against Pietersburg's lady escorts, but she was concerned that herpes had been discounted in the crackdown to save the health, if not the morals, of the Pietersburg male population.

Johannesburg had had escort agencies for years she said. And Mrs Kopel speaks with the dubious distinction of being the public representative for at least 26 of these institutions in her own ward.

Johannesburg has tended to pull the blinds over the reality of the 26 thriving agencies circling Jack Mincer Square, plus all the others in the city.

"At present we have three zonings in Johannesburg: residential, business and industrial," said Mrs Kopel. "Why not have a fourth — call it a "service" zoning — where such organisations can legitimately ply their trade?"

She suggested that on top of the list for rezoning should be the area in the vicinity of the corner of Claim and King George streets.

"Declare it a service zone, not a red light district, and make it legal. It would not only become a tourist attraction, but people would know exactly where they stood when they went there."

● South Africa is already facing a widespread Aids epidemic among its black population, according to a report released recently by War on Want, the international charity.

The study describes the road, air and rail routes by which infected migrant workers are bringing the disease south to the Republic as they flock to find work in urban areas.

South Africa is particularly vulnerable because of its excellent transport services, the Government's use of segregated populations of migrant workers, and because the large number of prosperous cities make the country a magnet for job-seekers.

NGK call for sensitivity with AIDS sufferers

By Carina le Grange, Religion Reporter

AIDS (acquired immune deficiency syndrome) has become the "leprosy of our time", according to Ned Geref Kerk theologian, Dr Danie Louw.

In an article in the NGK's official publication, *Die Kerkbode*, Dr Louw says the Church must involve itself with the suffering of AIDS victims in the same way that Christ involved himself with lepers.

He says the "bottom line" is not the Church's approval or disapproval of the AIDS sufferer, but the sensitivity the Church has towards such people.

Dr Louw says AIDS victims are stigmatised, and that it is the task of the Church to provide pastoral care to prevent them becoming isolated.

"The aids victim suffers from a crisis of loneliness. The church's role is to show him somebody cares for him."

A pastoral psychologist, Dr Andries Gouws, agrees with Dr Louw that the church had to provide "loving care" but says a secondary role of the Church should be telling people that "homosexual or other permissive behaviour is not scripturally approved."

On whether the church is providing enough assistance, Dr Louw says the church is hesitant, due to the strangeness of the illness. He says this is understandable, but not excusable.

Dr Louw believes the church also had to play an informative role, arranging symposiums and lectures, and preparing for proper pastoral care of AIDS victims.

Five miners die from Aids

STAR 15/5/87 (92)

Five mineworkers have died of Aids and another four have contracted the disease in the past three months, a spokesman for the Chamber of Mines said today.

One of the infected men is in hospital, another is on leave and the other two are back at work.

Two of the dead were repatriated before they died, the Chamber said.

"Almost 700 000 people are employed on South African mines and in its efforts to minimise the spread of Aids the industry is conducting an energetic, internationally-accepted educational and counselling campaign among its workforce," it said

There had been no significant increase in the number of mineworkers carrying the Aids virus.

The industry had spent R750 000 taking blood samples from more than 300 000 employees of all races. A study completed in mid-1986 revealed that approximately 800 mineworkers might be carriers. More than 760 of them were from central Africa.

It was concluded that the mining environment, where many live in single-sex hostels, had not contributed to the spread of the disease but it was recognised that about 0,08 percent of mineworkers were carriers.

In consultation with the best available medical and labour sources, the chamber had adopted a specific policy towards the disease:

- It was decided that repatriation of carriers would not be the correct way to control the incidence and spread of Aids.
- No known carriers of Aids would be engaged to work on the mines. All new recruits from Aids-prevalent areas would be screened before being signed on.
- All patients suffering from sexually transmitted diseases, a high risk group, would be tested on a routine basis.
- All employees found to be Aids carriers would be clinically assessed and counselled and those fit to work would not be discharged.
- Clinically healthy virus carriers who returned home between contracts would not have their disease used as a pretext for ending their contracts.
- Only when infected employees were clinically unfit to continue working would their services be terminated. They would then be repatriated on medical grounds.

A Chamber spokesman said: "Having concluded that repatriation of infected miners is unlikely to have a significant impact on the spread of the disease in South Africa, we have chosen the compassionate route."

CAPE TIMES 15/5/87

Five miners die of Aids in SA

92

JOHANNESBURG. — Five South African miners have died of Aids in the past 2½ months, a Chamber of Mines spokesman said yesterday.

Another four miners had contracted the disease, he said.

One of the Aids sufferers was in hospital, another was on leave and the other two were back at work. Of the five men who died, two had been repa[illegible]ted to their countries of origin before their deaths.

To minimize the spread of Aids through the 700 000 employees in the mines, the industry was conducting an "energetic internationally accepted educational" campaign among its workforce.

The decision to issue a press statement on Aids had been taken to provide the media with the latest developments on Aids in the mining industry since the major news conference held on the subject in August last year. — Sapa

Duckyl boosts earnings 46,6%

From MERVYN HARRIS

The interim dividend has been raised 3c to 16c a share on an increase in cover from 2,5 to three times.

Chairman F P Kotzee and group CE D B Mostert say that while the results are not representative of earnings for the full year, as profits in the engineering industry do not accrue evenly throughout the financial year, they nevertheless expect year-end results to show some improvement on last year when earnings totalled 161,2c.

The improved results, reflecting the benefits from acquisitions, improved operating efficiencies and lower interest rates, is in line with the forecast in the last annual report.

Subsidiaries operating in the light-engineering and trading sectors performed better, but low levels of demand continued in the heavy-manufacturing sector where losses were incurred.

Loss-making Atlantis Forge division was sold on March 1. The R5m loss on disposal will be treated as an extraordinary item at year-end.

Operating income increased by 21% to R34,6m (R28,6m) on a 15% rise in turnover to R784,3m (R679,8m). While the interest bill fell from R12 to R10,3m, the tax bill rose from R4,1m to R6,2m, leaving taxed income of R17,8m (R12,3m).

Attributable earnings rose from R10,4m to R15,3m after higher payments to outside shareholders.

(92) STAR 13/5/87

W African AIDS clone could play significant role

BOSTON — Scientists have reported the discovery of an AIDS-like virus that is benign and have said it might help lead to development of a vaccine against Acquired Immune Deficiency Syndrome.

They said the virus had been found in African monkeys. It was remarkably similar to the human AIDS virus, but did not destroy the immune system.

"The greatest significance of this discovery is that we now have an AIDS-like virus that does not kill the immune system," said Dr James Mullin, leader of the Harvard School of Public Health team that made the discovery.

"This will be of tremendous help to us in the lab because I believe it will help us to learn just how the AIDS virus does kill immune cells," he said.

AIDS attacks the body's immune system, destroying the victim's ability to ward off deadly diseases.

The researchers, who reported their findings in the British science journal *Nature*, cloned several strains of a recently identified AIDS-like virus, STLV-3, which they found in two species of African monkeys.

The strains were compared to samples of the human AIDS virus, HTLV-4, taken from three apparently healthy African men.

Virus originally from monkeys

The researchers said the genetic map of the monkey viruses was virtually identical to that of the HTLV-4 samples.

AIDS is believed to have originated in Africa. Dr Mullins said the similarities between the monkey and human viruses could lend support to a controversial theory that the virus was first transmitted to people from monkeys.

"There could be some subtle change that occurs in the virus when it passes between monkeys and humans."

Although there was usually a large number of differences in the genetic maps of different viruses, Dr Mullins said, his team was surprised to find that there were only extremely slight variations between the HTLV-4 and STLV-3 strains studied.

The monkey virus was also very similar to another recently identified AIDS-like virus, LAV-2, discovered by a French team headed by Dr Luc Montagnier of the Pasteur Institute, he said.

LAV-2 was believed to be responsible for a very small percentage of AIDS cases in humans, mostly in West Africa. — Sapa-Reuter.

92

Anxiety, action over dreaded disease as scientists give new hope

Proposed UPE pamphlet hits problems

By COLIN URQUHART

AN attempt to warn students on the University of Port Elizabeth — through an in-house pamphlet — about the risk of Aids, appears to have run into problems because it was considered "too general, too technical and appeared to be directed at homosexuals".

It was drawn up shortly after an article on Aids appeared in the Weekend Post.

The pamphlet, compiled in March by the head of Student Counselling Services at UPE, Mr André de Jager, was shown to the Registrar of UPE, Mr Joe Coetzee.

Mr Coetzee yesterday confirmed he had seen the pamphlet and that it had been given back to Mr De Jager after discussions.

He said it was hoped to link it with a Government-sponsored programme.

Sources close to the planning of the pamphlet said the university authorities felt unhappy about the contents because it was too general, too technical and appeared directed only at homosexuals. They recommended that it be shown to the Department of National Health and Population Development.

The Director of National Health, Dr B Lombard, said the pamphlet had been referred to the Aids Advisory Council.

He said his department had issued its own bilingual Aids information booklet and he referred further inquiries to his public affairs office.

Ms Karen Knobel, of public affairs, said that as far as she knew the department's Aids booklet was "either very low in stock or out of print".

She promised to investigate what developments had taken place regarding UPE's pamphlet.

Mr De Jager said yesterday that it had been felt there was a need to inform students on campus and his department had taken on the responsibility.

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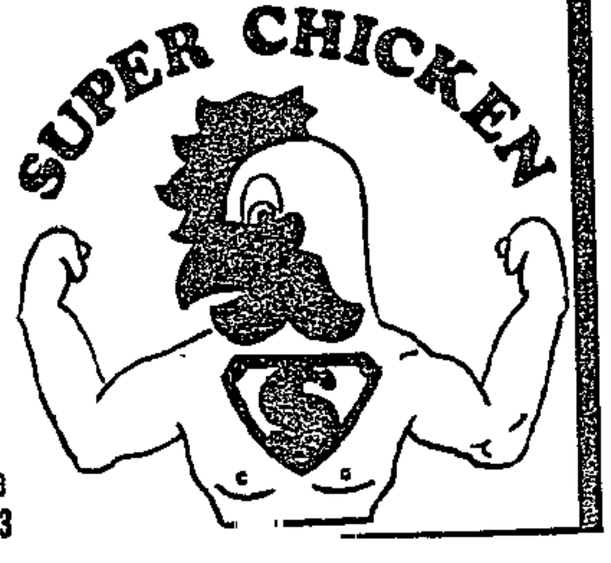

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We'll talk to blacks first — Worrall

By PATRICK CULL
Political Correspondent

CAPE TOWN — Black opinion is being consulted prior to the formation of a political party by the Independents, Dr Denis Worrall said today.

The Independents announced yesterday that they would now form a political party and compete for power within the parliamentary system.

Dr Worrall, who failed by just 39 votes to win Helderburg from the Cape leader of the National Party, Mr Chris Heunis, said the three Independents had achieved results in the general election which ran counter to the overall shift to the right.

This, he said, was because the three candidates had offered a message of hope and also a message which spelt out that there had to be a move away from racially-defined groups towards voluntary association.

Dr Worrall stressed that at least 25% of Afrikaans-

Fear of Aids scaring off blood donors

By RAYMOND HILL

FEAR of contracting Aids is scaring away blood donors in the Eastern Cape and leaving the transfusion service short of hundreds of units of blood each month — although there is not the slightest chance of anyone contracting the dreaded disease while donating blood.

Compounding the problems faced by the essential service are unemployment and the drop in the number of people living in the area, caused by economic conditions, according to Mr I W Simpson, chief administrative officer of the Eastern Province Blood Transfusion Service.

He said the Aids scare and the other factors had led to a drop of 7,6% in donors in the last two years.

Total units donated dropped from 45 802 in 1984 to 42 326 last year — the worst decline since the service began in 1955.

Average monthly units donated had dropped from 3 816 two years ago to 3 527 in 1986, and had shown a slight increase in the first four months of this year to 3 726.

But, said Mr Simpson, even this higher figure was below the minimum requirement of 4 000 units and far under the ideal of 5 000 units a month.

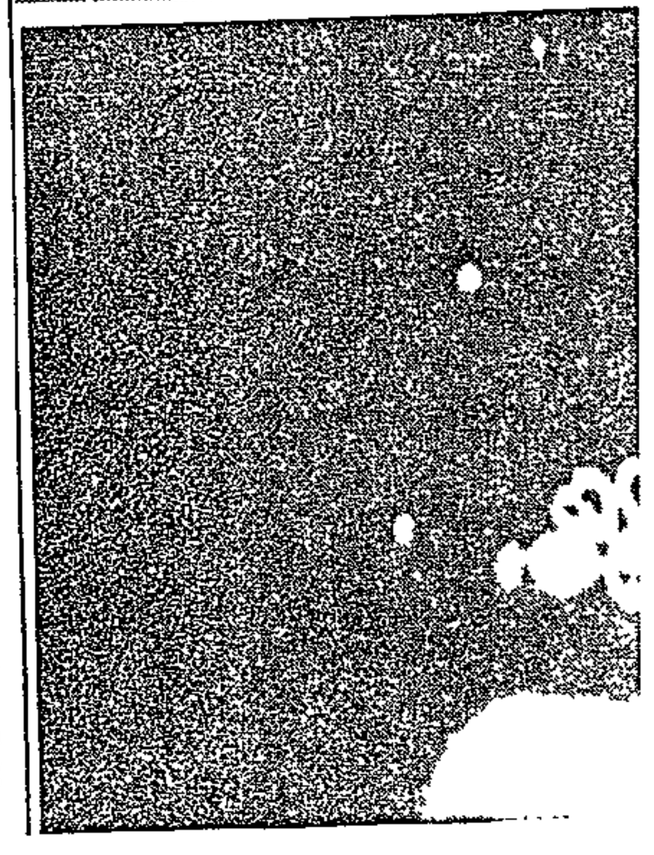
Mr Simpson assured the public that all equipment used when "bleeding" took place was sterile and disposable.

"We must alleviate the misconception that people can contract Aids by donating blood.

"The disease cannot be contracted in this way at all The economy is also to be blamed for the stayaway because people do not always come forward to donate blood when they are unemployed," he said.

Between 100 and 125 500ml units of blood are used in the region daily and an appeal has been made for more donors

Radiant thre



'Only sexual partners are in danger'

Masa: Aids not to be notifiable disease

92
25/5/87

By Joe Openshaw, Medical Reporter

The Medical Association of South Africa (Masa) has decided not to pursue a recommendation made by it earlier this month that Aids become a notifiable disease and the immediate family of victims of the disease, and certain health professionals, be informed of their condition.

A statement issued by Masa says it has reversed its decision to recommend that Aids be notifiable at this stage following "discussions with interested parties, locally and overseas".

Reluctant to come forward

Masa, the Department of Health Aids Action Group and the Aids Advisory Committee recently discussed the reccommdation and Masa association says "it would appear the greater part of the international medical community is not in favour of notification, the reason being that such a step may be counter productive in that sufferers would be reluctant to come forward".

"Research from various sources indicate that, except for sexual partners of an Aids sufferer, close relatives and casual contacts are not in danger of contracting the disease or becoming carriers through the use of, for example, household articles and facilities.

"Feedback on the dangers of casual exposure and the risk to health workers is very small, in fact from all the cases reported worldwide nobody involved in the treatment of Aids sufferers has contracted the disease so far.

"Aids experts advise that apart from the normal precautions taken against any form of infection (Washing hands, wearing masks and gloves and adequately sterilising instruments), it is not necessary to implement additional measures for protection," the statement says.

The danger of passing Aids by blood transfusion or the use of blood products has, for all practical purposes, been eliminated in this country by thorough testing by the Blood Transfusion Services, and by not importing blood products.

Margaret Thatcher (C) 1979-

Britons go to the polls on June 11 to elect their new government. Prime Minister Margaret Thatcher is confident of being returned for a record third term. The graph shows how the parties line up.

Health workers get Aids after contact with patients

(12) Star 25/5/87

By Cheetah Haysom,
The Star Bureau

NEW YORK — Federal health officials in the US have reported cases in which health workers have been infected with Aids through skin contact with the blood of Aids victims.

The findings have dramatic implications. This is the first documented spread of the deadly disease that did not involve direct injection of infected blood into the body or prolonged exposure to body fluids.

The workers involved had never used intravenous drugs or had sexual contact with homosexuals or bisexuals — the cause of about 90 percent of Aids cases.

But the health officials cautioned that there was no evidence that the Acquired Immune Deficiency Syndrone virus passes through unbroken skin. Each of the health workers had small cuts or other skin abnormalities through which the infected blood may have passed.

Dr James Hughes of the Centre for Disease Control in Atlanta, Georgia, said there was still no evidence that the virus could be transmitted through casual contact.

The Disease Control Centre last week called representatives of major medical organisations in secret to discuss the new cases and their implications.

Officials said later it was considered predictable that some nurses might get Aids from infected patients although stringent precautions were required such as gloves and, in some cases, gowns, masks, goggles or safety glasses.

In one of the three cases hospital workers were trying to rescuscitate a patient with no heartbeat. The infected worker held a bloody patch of gauze for about 20 minutes with hands that were chapped.

Twenty days later she became ill with sore throat, vomiting and nymph-node swelling. The patient died in the operating theatre and was later found to have Aids.

Another case concerned a worker who had no known lesions on her face but a history of acne. She was splashed with blood — including on her mouth — when a stopper popped off a glass tube being filled with infected blood.

In the third case blood spilled on to the hands and forearms of a health-care worker operating a machine that separates blood components. She was not wearing gloves. She had a slight inflammation on one of her ears which may have been infected if she touched it before washing her hands of the infected blood.

Doctors refusing to treat Aids warned

26/5/87 (92) SMH

The Star Bureau

LONDON — British doctors who refuse to treat Aids patients are being warned that they could be charged with serious professional misconduct.

The General Medical Council has stated that it is "seriously concerned" that some doctors have refused to provide care for sufferers of the disease or patients who have the human immuno-deficiency virus (HIV).

The GMC has noted only a small number of refusals but feels the problem may increase.

Similar concern has been expressed by the government's chief medical officer, Sir Donald Acheson, the British Medical Association (BMA) and other organisations.

The Royal College of Nursing said this year that nurses would be disciplined for failing to treat Aids patients.

A GMC committee report says it is unethical for a doctor to withhold treatment for any patient merely on the grounds that the doctor disapproves of the patient's lifestyle.

The report also says that it is "inconsistent" with the traditions of the medical profession" for a doctor to refuse treatment simply because the patient's condition could expose the doctor to personal risk.

The British Medical Journal has reported several cases of doctors refusing to see or treat HIV-positive patients and quotes one case in which a family doctor removed such a patient from his list.

A survey this year of almost 1 000 health professionals published in *The Lancet* showed that between 20 and 30 percent of clinicians believed that patients should undergo Aids tests before surgery and that those found positive should be treated by someone else.

Chairman of the BMA's ethics committee, Dr Sandy Macara, said doctors were less at risk from Aids than they had been in the past from other infections.

"Doctors need more information about Aids. Nobody should discriminate against Aids patients," he said.

Brother Michael blows it

The Star Bureau

LONDON — The rigours of monastic life eventually caused Brother Michael to drop a brick ... well, 7 000 of them, in all.

Magistrates heard last week how Brother Michael Brims (25) dashed off in a 30 ton lorry with a full load of bricks and drove for more than 30 km before crashing into a bollard and a lamp-post.

The novice's problems began during Lent, a period of almost complete silence in the monastery. Rations were meagre and sleep was broken at 2am for prayers.

Brother Michael, an assistant chef, was also suffering from the stress of dyslexia, a reading problem which made studying the Scriptures even more difficult.

"One morning last month he couldn't stand it any longer," explained Mr Terence Coghlan, defending. "He walked out without telling anyone. When he first saw the lorry he intended asking for a lift but, finding the cab empty, he drove off."

He was given a conditional discharge and ordered to pay R54 costs. The magistrates were told he had taken a vow of poverty and the monastry would pay the costs.

Cuba faces AIDS threat from Africa

Own Correspondent

LONDON — Western diplomats say soldiers returning from Angola, and African students, are mostly responsible for spreading AIDS in Cuba.

They also say Cuban health officials are playing the dangers very low-key, although numbers of African students have been expelled from the country.

Last month the Cuban Ministry of Health admitted for the first time in the official newspaper Garnma that Cuba had an AIDS problem.

Western diplomats claim AIDS is spreading in Angola. They also claim Cuba at present has 37 000 soldiers serving there.

Meanwhile, Dr Rodolfo Rodriguez of the Cuban Ministry of Health has been invited to visit London hospitals to get a first-hand glimpse of how AIDS cases are handled in Britain.

The problem of minimising the AIDS virus in Cuba has been complicated further by the presence of 15 000 African students in the country.

director Davi...

Africa's dying generation?

92
Cape Times 26/5/87

Aids in Africa | **Exclusive Report**

By CHRIS ERASMUS

A SHOCK report from the World Health Organization (WHO) says the number of Aids cases recorded in the past month has jumped by 6,5%, with the disease now reported in 112 countries.

Latest reports from Central Africa have given rise to fears that a whole generation of Africans may be dying of the dreaded disease.

In South Africa the disease has yet to get a firm grip, with a total of only 66 cases reported so far.

But experts quoted in a Reader's Digest special report have warned that unless better treatments are found, the number of Aids cases in this country could reach 1 500 in four years — with an estimated 150 000 South Africans carrying the virus and infecting their sexual partners.

According to the WHO report, released yesterday, there were 49 677 cases of Aids reported globally with 112 countries affected as of May 20.

That represented a 6,5% increase within one month from the 46 628 officially reported cases in 101 countries by April 27. But WHO officials have estimated the actual number of Aids cases worldwide to be at least 100 000, with perhaps 10 million Aids virus carriers around the globe.

"The rise in the number of affected countries (11) is even more significant than the increase in reported cases," said Dr Jonathan Mann, director of WHO's special Aids programme, UPI reports from Geneva.

Africa probably has about half the world's total number of cases (about 50 000) although only 4 370 cases have been officially reported by 26 African nations, he said.

Dr Mann praised Uganda for "its leadership (in Africa) in confronting the Aids problem" and for establishing a programme to control the disease. He said WHO would like other African countries to do the same.

But independent reports from Central African countries and some sub-Saharan countries such as Zambia and Zimbabwe have indicated that the Aids virus is spreading rapidly through the continent's sexually active population, threatening to eradicate an entire generation.

According to a report in the upcoming June issue of Inside South Africa, the scenario in Central African states such as Uganda, Zaire, Kenya, Tanzania and Zambia is much worse than official figures indicate.

In two Ugandan villages alone at least 9 000 people have reportedly succumbed to the African version of terminal Aids, or "Slim Disease", as the locals term the fatal wasting illness.

The rapid spread of the virus is also indicated by comparing its extent in urban populations. A study in June last year showed that 60% of prostitutes in Kampala showed signs of infection with the virus; by March this year the figure was nearly 100%.

And another recent study at Kampala's Mulago Hospital showed that 70% of the pregnant woman tested for the Aids virus were positive.

An indication of how far south the virus has spread was shown in a study quoted by the Reader's Digest special report which showed that 18% of blood donors in Lusaka were found to be positive to the Aids virus, or Human Immunodeficiency Virus (HIV).

A report by War on Want, a worldwide charity organization, has also warned that South Africa must soon be in line for an onslaught of the virus. Already the Chamber of Mines has admitted that at least 1 000 migrant labourers working in the country have come up positive to the Aids virus antibody test.

It is probable, according to latest medical research, that in the next five to seven years at least 75% of those infected with the virus will develop the disease — and given enough time, say some researchers, it is probable that virtually everyone infected with HIV will die.

According to the Inside South Africa article, mosquito transmission of the virus is also a possibility, creating the awesome prospect that Aids may be spread without the intimate sexual contact which experts have so far been saying is necessary to transmit the virus to new carriers.

A French team of researchers has recently isolated the Aids virus from one or more types of African mosquito, the report says.

But the true extent of the spreading Aids plague in Africa is largely hidden as most African countries, in a bid to protect their tourist industries, do not have screening tests available and do not encourage doctors to report Aids deaths as such, it says.

Meanwhile, AP reports from Tokyo that Japanese scientists have found that a pine cone extract, used in Japan to treat stomach tumours and leukemia, inhibits the spread of the Aids virus in laboratory experiments.

Showa University Professor Kunio Konno said researchers found that an extract from the cone of the Japanese white pine arrested growth of the Aids virus in lymph cells by up to 90% and was more effective in treating Aids than AZT, the experiment anti-Aids drug in limited use in the United States.

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Aids cases in Africa up by quarter

The Star's Foreign
News Service

GENEVA — The World Health Organisation (WHO) is alarmed by the steeply rising incidence of Aids in Africa — a jump of 23,5 percent in officially reported cases in one month.

Dr Jonathan Mann, director of the organisation's special programme for Aids, said: "It is of even greater concern that there are now 26 African countries reporting Aids against 22 at the last count.

"It is also clear that only a fraction of cases are being officially reported. We estimate at about 50 000 the actual number of Aids cases in Africa, half the estimated worldwide total."

The previous global report issued by the WHO on April 27 said 22 African countries had officially reported 3 538 cases. In its latest report the organisation said that by May 20 the number of cases had risen to 4 370.

Worldwide there were 49 677 reported cases by May 20 — which represented a rise of 6,5 percent over the total of 46 628 on April 27.

In other words, officials said, the increase in Africa was almost four times the global rate, although that could in large measure be ascribed to improved reporting by African countries.

Aids epidemic is 'out of control'

ARGUS 1/6/87 92

The Argus Foreign Service

WASHINGTON. — The world's largest gathering of Aids experts will be warned today that the global epidemic of the disease is out of control.

As 6 000 international specialists begin a five-day conference in Washington, demonstrators will gather outside the White House to demand more action from President Reagan on fighting the disease.

More than 1,5-million Americans are estimated to be carrying the Aids virus and more than 36 000 have developed the disease. About half of these people have died.

The conference will open with a speech from Mr Robert Windom, Assistant Secretary for Health at the US Department of Health and Human Services.

MILLIONS DOOMED

Although much of the meeting will be devoted to research into vaccines against Aids and drug developments, the basic message will be that millions of people worldwide are probably already doomed.

Aids is seen as the most serious crisis facing the African continent. The World Health Organisation estimates that at least two-million Africans are infected, but the true figures are believed to be much higher.

Reagan to seek routine Aids testing

CNE Times 2/6/87 92

WASHINGTON. — President Ronald Reagan, saying the Aids epidemic "calls for urgency, not panic", drew scattered boos from an audience yesterday when he announced he will seek expanded testing for the deadly disease.

Mr Reagan also was interrupted frequently by applause during his speech at a fund-raising dinner of the American Foundation for Aids Research.

Before the speech, he joined the audience of more than 1 000 in bowing his head in a moment of silence for those who have died of the disease.

The first boos came when Mr Reagan said he was asking that Aids be added to the list of diseases for which immigrants can be denied entry or permament-resident status. He was booed again when he said he had asked the Justice Department to plan for requiring testing of all federal prisoners.

In his first major speech on Acquired Immune Deficiency Syndrome, Mr Reagan said: "While recognizing the individual's choice, I encourage states to offer routine testing for those who seek marriage licences and for those who visit sexually-transmitted disease or drug-abuse clinics — and I encourage states to require routine testing in state and local prisons.

"It's also important that America not reject those who have the disease, but care for them with dignity and kindness," he said. "Final judgment is up to God — our part is to ease the suffering and to find a cure. This is a battle against disease, not against our fellow Americans."

Before the president spoke, actress Elizabeth Taylor presented awards to Surgeon General Mr C Everett Koop and researchers Mr Robert C Gallo of the National Cancer Institute and Mr Luc Montagnier of the Pasteur Institute in Paris for their work against Aids.

Mr Koop, who has argued against mandatory Aids testing, drew shouts of approval when he was introduced and later told reporters he believed the president was booed because the audience thought he was calling for mandatory testing.

"Routine testing is not mandatory testing," said Koop. "I have no objection to routine testing."

Although Mr Reagan avoided use of the word "mandatory" in his speech, his remarks left no doubt he is calling for required testing in two categories: Immigrants and aliens applying for permanent residence and federal prisoners.

In recommending testing immigrants for the virus, Public Health Service officials have noted that existing immigration law states having "a dangerous contagious disease" is grounds for being denied permanent status.

In addition, all applicants already undergo a physical examination, including blood tests.

Regarding federal prisoners, Mr Reagan said he had asked the Justice Department "to plan for testing all federal prisoners". He noted that military recruits and foreign service employees headed abroad already were subject to mandatory testing.

The surgeon general described Mr Reagan's remarks as "a very reasonable, heartening speech" and noted, "he even talked about prevention". — Sapa-AP

Boos, jeers start Aids conference

(92)
2/6/87

By ROBERT KEARNS

WASHINGTON — A world conference on Aids got off to a contentious start today when Vice president George Bush was jeered and Aids rights activists were arrested at the White House by police wearing bright yellow rubber gloves.

Bush was jeered and booed when he endorsed President Reagan's proposals, announced last night, for routine Aids testing of prisoners, immigrants, and those who plan to marry.

But he was applauded when he said Aids tests results must be kept strictly confidential, a precaution that Reagan failed to mention yesterday.

The co-discoverer of the Aids virus told the conference that another deadly Aids-like virus had been found in Nigeria.

Dr Robert Gallo, of the US National Cancer Institute, made his announcement before some 6 000 scientists and public health officials from more than 50 countries at the opening of the Third International Conference on Acquired Immune Deficiency Syndrome (Aids).

Gallo said the new and distinct virus had been detected in 10 cases sufficiently early to encourage hopes that a cure could be found.

Credited with identifying the original Aids virus along with researchers at the Pasteur Institute in Paris, he reported that he knew of no vaccine to prevent Aids.

But he said American, Japanese and Swedish researchers had made important progress in being able to grow the tumour of Kaposi's Sarcoma, the Aids-related cancer that has figured in the majority of Aids cases.

"It should be a very controllable tumour" as a result of the laboratory work, he said.

Other researchers reported that while many homosexual men at risk of contracting Aids have reduced their number of sexual partners and accepted "safe sex" practices, they still must drastically change their sexual habits to avoid Aids.

Aids file

As the conference got under way, 64 gay rights activists were arrested in front of the White House, about two kilometres away, for blocking Pennsylvania Avenue.

The arresting officers wore bright yellow rubber gloves of the style that enraged Washington gay rights activists earlier this year during a police raid on a homosexual bar.

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Heterosexual contact is spreading Aids twice as fast in the United States as homosexual or bisexual relationships, researchers are expected to tell the conference.

In a study to be presented tomorrow researchers with the federal Centres for Disease Control (CDC) in Atlanta will report that the number of cases from heterosexual contact increased by 135% in 1986, while cases reported from homosexual or bisexual male contact rose about 80% for the year.

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US researchers said today an easily synthesised chemical known as Peptide T effectively prevented the deadly Aids virus from attacking human cells and held potential as both a treatment and vaccine.

The US Food and Drug Administration had approved clinical testing of the naturally-occurring brain chemical and tests involving at least a dozen Aids patients in a controlled environment would probably start next month, said an American neuro-scientist — Sapa Reuter

(92) STAR 2/6/87.

Some parts may lose half their population, says report

Africa turns blind eye to the Aids time bomb

LUSAKA — There are a lot of funerals in Africa these days — funerals of people who are said in the classified columns of the newspapers to have died "after a long illness". Nobody says it openly but many are the victims of Aids, the disease so publicised in Europe and the US and so little understood in Africa.

Sketchy as they are, the statistics are alarming. Millions of Africans are thought to be carriers of the Aids virus and a million or more are likely to die of the disease in the next few years. In some cities a fifth of the population are carriers.

The Aids epidemic is a more serious threat in Central Africa than anywhere else in the world.

A Doomsday scenario, which assumes that the virus mutates into more dangerous forms and that people do not change their sexual behaviour, has been painted by the Panos Institute, an international information and development organisation, in its report "Aids and the Third World".

'Facing severe depopulation'

"Epidemiologists believe that, while the US and Europe face deaths measured in the millions, some African countries may face severe depopulation. A few go as far as to suggest that the worst-hit parts of Africa may lose 50 percent of their people."

Zambia is typical of the Central African countries worst affected by Aids. Every week brings news of another government official, another employee at a foreign embassy, who had a cough which would not go away. Then comes the inevitable announcement that the patient has succumbed to a "long illness".

A survey last year on Zambia's Copperbelt showed that more than 68 percent of men who tested positive for the virus were skilled professionals.

Although industry has been affected first, agriculture is unlikely to be spared. In Zambia, the disease seems to be spreading outside the cities. In Tanzania and Uganda it is already severe in some rural areas.

African governments are generally willing to acknowledge only the tip of what doctors are convinced is an iceberg and many have reacted half-heartedly to the Aids crisis.

There are good reasons for this attitude. There is little money to spare to fight an incurable and officially rare disease when their citizens are dying in their thousands from better known and easily preventable ailments such as cholera, measles and malaria.

The continent is also afraid of losing its valuable tourists. European "sex safaris" to the fleshpots of East Africa are almost a thing of the past — not surprising when surveys of some groups of prostitutes show up to 88 percent carrying the Aids virus.

But none of this seems to justify the secrecy and near-paranoia with which some African governnments tackle, or fail to tackle, a crisis of potentially catastrophic proportions. Ignorance, rumour and speculation are widespread, even among the educated.

Aids cases reported to the World Health Organisation amount to just over 3 500, compared with more than 33 000 in the US and nearly 5 000 in Europe. But doctors consider the African figures to be wild underestimates based on poor statistics and official reluctance to tell the truth.

Zaire, one of the worst affected countries, does not report cases to the World Health Organisation. Zambia says it has about 300 cases of the disease but a government-organised seminar on the subject last year predicted that 6 000 babies and small children alone would have Aids this year. — Financial Times.

No cure yet, but hopes pinned on chemical that stops virus attacking human cells

Bush is booed at conference on Aids

WASHINGTON — A world conference on Aids got off to a contentious start yesterday when Vice-President George Bush was jeered and Aids rights activists were arrested at the White House by police wearing rubber gloves.

Mr Bush was booed when he endorsed President Reagan's proposals for routine Aids testing of prisoners, immigrants and those who plan to marry.

But he was applauded when he said Aids tests results must be kept strictly confidential, a precaution that Mr Reagan failed to mention.

The co-discoverer of the Aids virus told the conference that another deadly Aids-like virus had been found in Nigeria.

"We shouldn't panic," Dr Robert Gallo of the US National Cancer Institute said.

Dr Gallo made his announcement before 6 000 scientists and public health officials from more than 50 countries at the Third International Conference on Acquired Immune Deficiency Syndrome (Aids).

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US researchers said yesterday an easily synthesized chemical known as Peptide T effectively prevented the Aids virus attacking human cells and held potential as both a treatment and vaccine.

Dr Candace Pert, a neuro-scientist at the US National Institute of Mental Health, told the conference that Peptide T "potently blocks entry of the Aids virus into cells".

The US Food and Drug Administration had approved clinical testing of the naturally occurring brain chemical and tests involving at least a dozen Aids patients in a controlled environment would probably start next month, she said.

As the conference got under way, 64 gay rights activists were arrested in front of the White House as they blocked traffic on Pennsylvania Avenue.

The arresting officers wore bright yellow rubber gloves of the style that enraged Washington gay rights activists earlier this year during a police raid on a homosexual bar.

A police spokesman said the gloves had been in use since 1975 and "are not designed for protecting officers from any specific disease. They can be used whenever an officer has to search somebody", he said.

Washington police usually do not wear rubber gloves when arresting demonstrators.

The number of sexual partners among Dutch men who had tested positive for the Aids virus decreased from an average of 21,5 in a six-month period to 9,7, according to research presented by the Aids Study Group Amsterdam/Utrecht.

There was, however, only a small decrease in the number of men who had stopped engaging in anal intercourse, a particularly high risk activity.

A Vancouver study found that one out of three homosexuals who have tested positive for the Aids virus continue to engage in casual sex without condoms.

"They have to change sexual techniques," said Dutch scientist Godfried van Griensven.

Aids attacks the body's immune system, leaving it defencelss against disease, and has claimed at least 50 000 lives.

It is spread mainly through sexual intercourse. Victims have been mainly homosexual men.

Heterosexual contact is spreading Aids twice as fast in the United States as homosexual or bisexual relationships, researchers are expected to tell a the conference.

In a study to be presented today, researchers with the federal Centres for Disease Control (CDC) in Atlanta will report that the number of cases from heterosexual contact had increased by 135 percent in 1986 while cases reported from homosexual or bisexual male contact had risen about 80 percent.

"The largest percentage increases were among heterosexual men and women in geographic areas other than New York, California and Florida" — the previous Aids hotspots — CDC researchers said.

Another report to be presented today will show that of 29 582 Aids cases reported to the CDC between June 1981 and January 26 1987, nearly 17 000, or 57 percent, have died. — Sapa Reuter.

Guerillas in

The S... WAR CRIMES

A motorcyclist and his woman passenger, be be tourists from West Germany, were shot Zimbabwean dissidents on the road to the Falls yesterday afternoon.

Police confirmed the killing

Most back Reagan's immigrant Aids tests

BKGnJ 3/6 Ap 92

The Argus Foreign Service

WASHINGTON. — Ninety percent of Americans back President Reagan's call for immigrants to be tested for Aids, according to a poll.

Results of the poll, organised by ABC News and the Washington Post, were released last night as 6 000 Aids researchers met at the third international conference on Aids here.

Mr Reagan called on Sunday for routine Aids-virus testing of prisoners, immigrants, couples planning to wed, drug abusers and those seeking treatment for sexually transmitted diseases.

Americans generally support his views on prisoners and marrying couples. Only eight percent of the survey sample disagreed with Mr Reagan on testing for immigrants.

Search for cure

Growing fears about Aids, a major issue in America, will also see it placed high on the agenda at the industrialised nation summit in Venice next week, where leaders of the seven countries involved are expected to agree to increase co-operation in the search for a cure.

The leaders are expected to declare Aids a major world problem and support a special meeting of their health ministers.

The World Health Organisation, which predicts millions more new Aids cases in the next few years, will be the central exchange for a stepped-up international drive.

Much of the growing concern about Aids is concentrated on the catastrophic political and economic effects it is expected to have, particularly in Africa.

World anxiety

The Washington conference this week is hearing horror statistics and projections on Aids. The meeting's attendance has served to highlight increasing worldwide anxiety over the spread of the disease: 2 200 attended the first conference, and 2 800 the one last year in Paris.

The Aids conference heard yesterday, for instance, that one in 30 American men between 20 and 50 had the virus.

It heard also that the most alarming spread last year was among heterosexuals, usually through infected hypodermic needles.

Aids in heterosexuals had surged 135 percent in a year, they heard, although heterosexuals constituted only four percent of the reported incidence.

Aids and the fear it generates has become big business in America, with condom manufacturers flourishing as people respond to public pleas for "safe sex", dating services for clients who have been tested for Aids, bogus cures blossoming and researchers racing for solutions.

CNE Times 3/6/87 (92)

Aids spread faster by heterosexuals

WASHINGTON. — Heterosexual contact is spreading Aids twice as fast in the United States as homosexual or bisexual relationships.

The third international conference on Aids was told yesterday that the federal Centre for Disease Control (CDC) in Atlanta reported that the number of cases from heterosexual contact increased 135% in 1986 while cases reported from homosexual or bisexual male contact rose about 80% for the year.

"The largest percentage increases were among heterosexual men and women in geographic areas other than New York, California and Florida" — the previous Aids hotspots, CDC researchers said in a summary of their study.

Another government report to be presented this week will show that of 29 582 Aids cases reported to the CDC between June 1981 and January 26, 1987, nearly 17 000, or 57%, have died.

The conference got off to a heated start yesterday when Vice-President George Bush was jeered and Aids rights activists were arrested while demonstrating at the White House by police wearing bright yellow rubber gloves. — Sapa-Reuter

Star charity sale for Aids victims

LONDON. — Royalty and celebrities got together at a charity auction here on Monday night to raise funds for Aids victims.

Prince Andrew's wife, the Duchess of York, outshone some of the showbiz stars by wearing a blue velvet suit with sparkling diamanté motifs.

Famous designers donated 17 dresses which were modelled by the stars, including Bianca Jagger, former wife of singer Mick Jagger, Barbara Bach, US wife of ex-Beatle Ringo Starr, singer Sarah Brightman and actress Joanna Lumley.

Singer Shirley Bassey said: "I'm not personally too worried about Aids because I'm celibate at the moment, but I feel very sorry for the young — I've had my day, when Aids was not around." — Sapa-AP

Aids spreading faster in Africa

JOHANNESBURG — Aids is spreading faster in Africa than in Europe or North America, a Harare conference on sexually transmitted diseases has been told.

According to the Zimbabwean semi-official news agency, Ziana, 1 124 Aids and Aids-related cases have been diagnosed at Lusaka's University Teaching Hospital (UTH) since August 1985.

Tests for the Aids virus also proved positive on 18,5 per cent of patients screened at the Harare city health department's genito-urinary centre in January.

The 160 delegates attending the conference were told by Dr P. Crocchiolo, of the University of Milan, that Aids was spreading faster in Africa possibly as a result of poor hygiene, greater promiscuity and increased vulnerability because of diseases such as malaria.

The major risk factor, where sexual transmission of the disease was concerned, was not homosexuality but promiscuity, he said. — Sapa

BUSINESS DAY, Friday, June 5 1987

New Aids antibody '100% successful'

TOKYO — A Japanese research group has discovered a powerful antibody against the aids virus which is 100% successful in checking infection under laboratory conditions, a research member said.

Toshio Hattori of the Kumamoto National University said told REUTERS the antibody, called 0.5 Beta, was obtained from mice infected with the human aids virus, and was tested in vitro for its effects against the virus itself and virus-infected cells.

The antibody cannot, however, be immediately tested on humans because it is a product of the metabolism of mice, he said.

Advanced gene splicing techniques could be used to produce 0.5 Beta antibodies suitable for humans. This would be the next subject of the group's research.

□ Business Day's Cape Town correspondent reports that a Department of National Health study has concluded that just over 1 000 AIDS cases could occur in SA over the next 10 years — if the disease spreads out of the highest risk group, gay and bisexual white males.

If, however, the virus is confined, 24 new cases a year could be expected — giving a total of 155 cases between 1982 and 1991. The study identifies all South African victims as being white males.

It also said 44 out of the 49 South African Aids cases were gay or bisexual men. Another 14 were patients from abroad.

"The sum total of the evidence leads to one over-riding realisation: The white homosexual/bisexual male community in SA in no small measure holds the key to the further spread of this scourge of mankind, more particularly the sexually active members of this group.

"If this is indeed so, then this community is endowed with an incalculable power for good ... it is indeed in their power to stop further spread."

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1 000 SA Aids cases by '97, says study

Political Staff

JUST over 1 000 Aids cases could occur in South Africa over the next 10 years if the disease spread out of the highest risk group — homosexual and bisexual white males — a Department of National Health study has concluded.

Based on the experience of other communities, the highest prediction of new cases of Aids for 1987 is 46, while the lowest is eleven.

The study, published in the latest issue of the department's journal, Epidemiological Comments, said 63 cases of Aids had been identified in South Africa to date.

"Of these, 49 were South Africans and 14 were patients from abroad. There are currently 15 South African survivors."

All the South African Aids cases had so far been white males. Of these, two acquired their infection after a blood transfusion, two after infusion of blood products and one after a heterosexual contact outside the country.

"The remaining 44 were white homosexual or bisexual males."

The average survival time of patients with Aids was, after diagnosis, six months, but the most common period of survival was three months.

"It is unlikely that a patient in the present high-risk group of homosexual and bisexual white males would remain undiagnosed and unnoticed for long, given the outreach and diagnostic capabilities in the country," the study said.

"For all practical purposes, it is reasonable to state that the other well-known high-risk groups are as yet unidentified: Drug abusers, haemophiliacs, blood recipients and prostitutes.

"Also, the virus is not endemic.

"It is well-known that promiscuity carries with it not only the risk of infecting casual partners, but reciprocally, a greatly added risk of becoming infected.

"Aids has become the most persuasive argument in favour of monogamous sexual relationships."

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Aids takes its toll on doctor and dentist

CLEVELAND, Ohio — A doctor has died of Aids and a dentist has contracted the killer disease, according to reports.

A newspaper said that a doctor at the prestigious Cleveland Clinic died after being diagnosed as having Aids, and a medical researcher said a New York dentist was apparently infected with Aids by a patient.

Dr Harry Jeffrey Tourigian, 33, a surgeon at the Ceveland clinic since July 1985, died on Wednesday night while a patient at the hospital, said a hospital spokesman. But he refused to provide any details about the cause of death.

The Cleveland Plain Dealer newspaper, citing unidentified sources, reported that Dr Tourigian died of a rare form of pneumonia common to victims of Aids.

The discovery that a New York dentist is infected with the Aids virus is the first known case of a dentist catching the virus through apparent on-the-job exposure to patients' blood and saliva.

Researchers in New York discovered the man's infection during a survey of 1 231 dentists and nurses.

Dr Robert S Klein, who directed the study, said that exposure to an infected patient was "the most likely way he got it". He accepted the man's word that he had no other risk factors for the disease, such as illicit drug use or homosexuality.

Dr Klein said the man jabbed himself with dental instruments about 10 times a year.

As far as Dr Klein knew, the dentist was still practising and there was no reason for him to stop.

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Do you know enough about killer Aids?

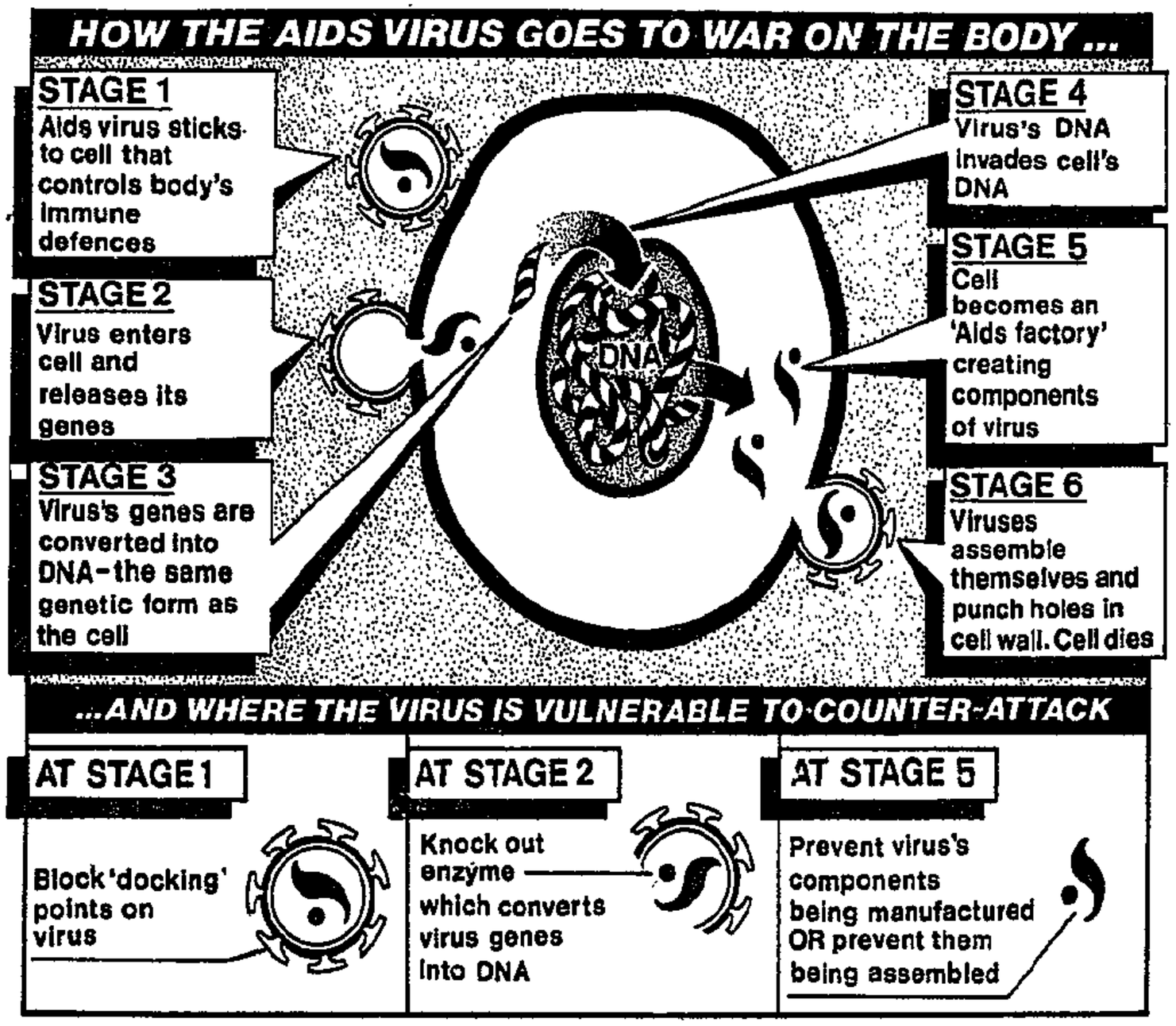
Aids is the dreaded killer without a cure. And its victims are no longer just homosexuals and intravenous drug abusers. The danger is creeping closer, right into the homes of average South Africans.

Because no vaccine or cure exists, public education is the only way the Aids epidemic can be controlled. Information and awareness is the only weapon with which to fight the virus.

This question and answer guide, prepared by a national magazine in conjunction with the Special Programme on Aids of the World Health Organisation, could save your life.

Remember, knowledge and understanding is your only weapon — you owe it to yourself to be informed.

What you should know about Aids:



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● What is Aids?

It is a disease caused by a latent, slow-acting virus called HIV, for human immuno-defeciency virus. The disease destroys part of the body's immune system, leaving victims unable to defend themselves against infections and certain cancers.

● Does everyone who is infected by HIV develop Aids?

We don't know. Ten to 30 per cent of HIV-infected people develop Aids within five years, and the percentage increases as more time passes. HIV infection is believed to be lifelong.

● Can HIV-infected people who do not have Aids symptoms spread the virus?

Yes. These so-called "healthy carriers" play the major role. They can be infected for years without knowing it and be unwittingly transmitting the disease to others.

● How is HIV transmitted?

By sexual contact. Because HIV is found in semen and vaginal fluids, sexual transmission can occur from man to woman, woman to man, or man to man. The highest risk groups for sexual transmission are clearly those men and women (homosexual or heterosexual) who have many sexual partners.

By blood and blood products. Transfusion of HIV-contaminated blood can infect the recipient. However, an increasing number of countries systematically screen and reject blood containing the virus. Blood-clotting products for disorders such as haemophilia are treated to kill HIV.

By shared needles. Users of intravenous drugs are a major risk group because many of them share needles and syringes without proper cleaning. Any sterilised, skin-piercing instrument — including ear-piercing or tattooing needles — can spread the disease from one person to another.

By mother-to-child. A woman infected with HIV may spread the disease to her child during pregnancy, during birth or shortly after birth. It is also possible that an infected mother could transmit the virus through breast-feeding.

● How HIV is not spread

HIV is not spread through casual contact at school, at work, or in shopping centres. It is also not spread by toilet seats, handshakes, hugs, casual kissing, eating from the same dish, drinking from the same glass, or by food handlers in restaurants. Nor is it spread by mosquitoes or other insects.

● How can you protect yourself?

Avoid having multiple sex partners. Non-infected couples who have maintained a mutually faithful relationship for at least five years are not at risk from Aids through sexual transmission.

Abstain from sex with people whose activities put them in a high-risk group. If you are not absolutely certain that neither you nor your sexual partner is carrying the virus, you must take protective measures. Either avoid penetrative intercourse (vaginal, oral or anal), or use a condom, which prevents contact with semen and vaginal sections.

The condom should be worn even during foreplay if there is a chance of genital-to-genital contact.

A condom does not guarantee protection, but used correctly, it sharply reduces the risk.

Do not share items that could become contaminated with blood: for example, razors, toothbrushes or any skin piercing instrument.

The blood supply in South Africa is considered safe, because blood donations have been screened for HIV since 1986. However, some people who are to undergo elective surgery may prefer to consult their doctor about storing their own blood beforehand.

● What if you are infected with HIV — or think you could be?

If you suspect you are infected or if you have been involved in any of the high-risk activities described, seek medical evaluation.

For testing, a small amount of blood is drawn from the arm, as in any standard blood test.

Inform your partner and, if you continue sexual activity, protect him or her by avoiding penetrative intercourse or by always using a condom.

DO NOT DONATE BLOOD, SPERM OR BODY ORGANS.

Women of childbearing age who are infected, or have reason for concern about infection because they had intercourse with someone in a high-risk group should consult their doctors.

Pregnancy can be dangerous for the infected mother and there is a 50-50 chance

that her baby will be born infected.

When Aids first appeared in South Africa in 1982, it involved homosexual males who had contracted it on trips overseas. It is now spreading within the country and by the beginning of April this year, there had been 48 confirmed cases among South Africans, 36 of them resulting in death.

Although by far the greater number of victims are still homosexuals, the disease has struck heterosexuals as well through contaminated blood products. However, all local blood transfusion services are now screening potential donors and blood donations.

Doctors, going on figures from the United States and Europe, estimate that for every confirmed Aids victim there are 100 carriers of the virus. This would put the number of South Africans affected at more than 5 000. Experts say that even on our conservative estimates 30 per cent of carriers of the virus will contract Aids in the next five years or so.

Awareness of the disease is a key factor, particularly among communities at high risk.

The Gay Association of South Africa has an Aids action group that counsels homosexuals in the major cities and provides a support system for relatives and friends of Aids victims.

Professor Jack Metz, chairman of the government-appointed National Advisory Group on Aids, said that the pattern of Aids in South Africa is similar to that of the US and Europe, and not like that of Central Africa.

"Although not yet a major health problem, we need to take active preventative measures to stop Aids from spreading further," Professor Metz said.

The advisory group has set up a confidential register of cases to monitor the situation.

Although carriers of the virus have been identified among mine workers, there have been no reported cases of Aids in our black population.

South Africa has a fair record of health care in its rural areas, and the spread of the disease through unhygienic syringes and blood trnasfusions is minimal. As yet, there is no evidence of Aids being passed on through heterosexual contact.

In numbers of victims, our Aids toll seems minimal compared with the rest of Africa, where so many millions of men, women and children are thought to be affected that the disease is being compared to the Black Death, the plague that swept Europe in the Middle Ages.

In Africa, the Aids victims are overwhelmingly heterosexuals and are not drug users.

"In terms of the way the virus is transmitted you could have exactly the same conditions in the US and Europe five years from now," said Dr Robert Redfield of the Walter Reed Army Institute of Research in Washington, DC.

Aids has already spread throughout sub-Saharan Africa. A total of 18 African countries have reported cases, including Uganda, Tanzania, Zambia, the Congo, the Central African Republic, the Ivory Coast and Kenya.

The Aids virus stimulates the production of particular antibodies that can be detected in the blood of an infected person. Such a person is labelled HIV antibody positive, and can transmit the Aids virus to others.

Just how badly Africa is infected with HIV is ominously evident from a number of studies:

- In Kinshasha, Zaire, a city of four million, tests of thousands of blood samples revealed six to seven per cent were HIV positive;
- A broad-based study in the Zambian capital of Lusaka found that 18 per cent of blood donors were HIV positive; and
- In Nairobi, Kenya, street prostitutes tested were 67 per cent positive.

No-one knows how many people now carry the Aids virus, but Western researchers conservatively estimate that the number may be as high as 10 per cent of the urban population of Southern Africa.

Dr Peter Piot, a microbiologist at the Institute of Tropical Medicine in Antwerp, Belgium, who in 1983 helped make the first confirmation of Aids in Africa, said: "My guess is that several million are now infected."

(With acknowledgement to the Reader's Digest: June, 1987)

'Put romance back in sex' to fight Aids

Staff Reporter

AIDS has remained predominantly a venereal disease and should not pose any significant threat to those unlikely to acquire other venereal and related diseases.

According to an editorial in the latest issue of the SA Medical Journal, a major way to combat the spread of the disease in the long run would be to elevate the role of sex in human relationships and "re-romanticize the permanent monogamous relationship".

However, the editorial warned, the South African medical fraternity usually "veers to the side of complacency" and this needed to be addressed if effective intervention against the disease was to be established in time.

Statistics of Aids in this country were still low, making it difficult at present to justify a major diversion of health-care resources into educational and research programmes on the disease.

"On the other hand, the situation is such that we cannot dismiss Aids as a remote problem, nor will the figures remain at their present low levels," the editorial said.

It was inevitable that the epidemic in other parts of Africa would move down and establish itself in South Africa.

Although research had proceeded at a remarkable speed, curative drugs and preventive vaccines were at least a number of years away.

"Paramount among the preventive strategies presently available is education.

"The content of education material must also take cognizance of the particular sensitivity of the subject matter — juxtaposing, as it does, one of life's greatest pleasures, sex, with man's greatest fear, death," the editorial warned.

Among the factors to be taken into account in Aids education were:

- The co-operation and goodwill of high-risk groups was preferable to antagonism and intimidation.
- Intimate behaviour was strongly rooted in culture; the promotion of condom usage was particularly sensitive in societies where children were prized.
- Behavioural modification was complex and difficult, but the role sexual promiscuity had played in the Aids epidemic should be highlighted. Especially in the young, casual sex should be de-romanticized and the monogamous relationship re-romanticized.

While the initiative had been taken by the Department of Health and Population Development and other interested bodies, the responsibility for the control of Aids should be shared by all health professionals.

The editorial concluded: "South Africa is still in the fortunate position of being able to study the campaigns and efforts of countries abroad and to apply what is advantageous to the local situation at a stage when institution of preventive measures stands a good chance of considerable success.

"Now is the time to act — rationally and aggressively."

Seven-nation Venice summit warned on economic factors

Global co-operation needed in Aids war

WASHINGTON — People battling the Aids epidemic on the front lines want this week's seven-nation economic summit to produce a pledge of global co-operation and commitment to fight the deadly disease.

The Aids virus, which has already killed 51 535 people worldwide and has infected as many as 10 million, promises to be among the major issues addressed by the leaders of Canada, Japan, West Germany, France, Italy, Britain and the United States when they meet in Venice today until Wednesday.

"Two years ago, it would have been difficult to imagine the Venice summit discussing Aids," Mr Jonathan Mann, director of the World Health Organisation's (WHO) Aids programme, said last Wednesday at the Third International Conference on Aids.

"We'd like to see out of that summit a reaffirmation of the global nature of the problem ... and we'd like to see funds."

Mr Mann urged the government leaders to establish an Aids trust fund, under WHO's guidance, that would be available to economically-strapped countries, particularly those in Africa.

"Aids is indeed a problem, or soon will be, for many developing countries which already have got the added problem of other diseases and other economic problems," said Mr Samuel Okware, Aids specialist with the Uganda Ministry of Health.

"We shall definitely need some funds, some extra resources, to ensure we can cope with the Aids situation. At the same time, the whole thing should be a partnership, it should not be a question of donor-recipient. It's like a marriage: Each one should struggle as much as he can," he said.

Mr Mann predicted global Aids control would cost billions of dollars over the next five years, but he said the industrialised world would gain far more than it invested.

"I think it's more the problem of health authorities than the heads of governments, but they also have to realise there will be more economic impact in the future," said Mr Luc Montagnier, professor at the Pasteur Institute in France and one of the discoverers of the Aids virus.

"They have to take into account that the ultimate solution to Aids will be through medical research, science. Once we find a cure, the problem is over, finished. So they have to give scientists the means they need."

Mr Montagnier said world leaders needed to think before they acted to ensure their policies have a positive impact on the escalating epidemic.

"It's a difficult question, because the handling of the Aids problem isn't going to be the same in all countries," he said. "I think the best message would be to be cautious, to be aware of the problem, and not to decide on any drastic measures, some kind of spectacular measure which may be more harmful than it would be useful."

Screening immigrants for the Aids virus, as United States President Ronald Reagan has suggested, is the first step in slamming the door on international co-operation, said Mr Larry Gostin, executive director of the American Society of Law and Medicine.

"I'd like to see (the summit conferees) agree to drop international barriers to travel and immigration," he said, noting that already, Iraq, Saudi Arabia, the United Arab Emirates, China and India all have begun to erect barriers to travel as well as immigration.

"The very first thing countries do when there's a panic is they close their borders," Mr Gostin said. "What they should be doing is saying, this is very much like an economic trade issue, that you don't close your borders."

"What I'd like to see come out of it is international co-operation so that before regulations are established that affect extra-territorial matters, they are discussed, the same way you would in terms of economic trade." — Sapa-AP.

RSC levy exemptions may add to problems

SMALL businesses with low turnovers are to be exempt from paying RSC levies — but tax experts warn this is likely to cause further administrative problems.

Legislation, now being prepared, will stipulate that each RSC will set its own minimum amount for the monthly levies. Small businesses whose payments come to less than this minimum will be exempt.

Pim Golby's Graham Richardson said that small businesses whose activities extended beyond one RSC could find themselves paying levies in some areas but not in others.

And a business with a centralised payroll for staff employed in different areas would face difficulties working out the RSC payroll levy for each region.

Such businesses would have to complete different forms for the different rates in the different regions.

GRETA STEYN

Richardson was highly critical of the fact that specific rates for the different RSCs had not yet been laid down. Only maximum rates were known, with only two weeks until the first RSCs came into effect.

The Free Market Foundation's Eustace Davy said while the exemptions would create administrative difficulties, they would at least provide some relief for small business.

Most small businesses operated only in one region. Uniformity was not necessarily desirable as an end in itself.

Daryll Jackson, of Arthur Andersen, said once exceptions were made, other businesses were bound to lobby for exemption.

Retail chains with a high turnover but a low profit margin would find the le proportionately more expensive businesses with a low turnover a high profit margin, as levies would based on turnover.

Jackson said in terms of existing islation, businesses that had to pay s amounts only had to make one paym a year, instead of monthly.

He could not see why those busin should be exempted altogether.

Department of Inland Reven spokesman Ian Meiklejohn said it unlikely the new legislation would through Parliament before the RSCs came into existence on July 1.

Once the legislation had been pass and each RSC could set its minim level of monthly payment, the dep ment would suggest as a guideline minimum payment of R5 a month.

Aids: US govt will not issue condoms to federal prisoners

WASHINGTON — The US government has ruled out providing condoms to federal prisoners to curb the spread of Aids, but might consider separate prisons for victims of the disease, a key official has said.

Assistant surgeon-general Mr Robert Brutsche, who heads the two-week-old Aids-testing programme for federal prisoners, said in an interview last week that there was strong sentiment in the administration against distributing condoms within the federal prison system.

Mr Brutsche, who also serves as medical director of the Federal Bureau of Prisons, said homosexual sex was against prison regulations, "and we don't feel we can have a two-faced position" by passing out condoms.

"That has really been ruled out at the present time," he said.

Vermont prison officials said in March that inmates in Vermont institutions could begin getting condoms on request. A similar pilot programme was started in New York City jails in April.

There has been talk within the administration of having separate prisons for inmates who prove positive in tests for the acquired immune deficiency syndrome virus.

"Obviously it's something we have to keep in mind," Mr Brutsche said. "It would be too strong to say we are considering it. It's been talked about briefly."

The idea's drawbacks include staffing difficulties and that it would force prison officials to group "all different classes of prisoners together with only one thing in common — Aids", Mr Brutsche said. — Sapa-AP.

CONDOMS

Inflated demand

The spectre of Aids has prompted a leading pharmaceutical group to manufacture condoms locally, becoming only the second company in SA to do so.

Allied Pharmaceuticals will launch its Alphatex and Safetex ranges next month, aiming at an initial production of just under 1m in the first year.

With a total national market in the region of 4,5m condoms in 1986, worth between R3m and R3,5m, Allied — which is owned by and distributes solely through pharmacies — sees tremendous potential for growth.

Over the past few years, the local condom market has remained small in proportion to the total population, and has shown a minimal annual growth of between 7% and 10%. But with growing awareness of Aids, and with medical experts around the world hailing the condom as one of the best ways to prevent the spread of infection, the market should respond.

The problem is South African conservatism, and widespread ignorance.

While governments around the world are spending billions in educational programmes to inform the public about Aids, government in this country seems to be concentrating on the research aspect.

Homosexuality remains illegal, which creates difficulties in both testing for and educating people about the disease. Moreover, the advertising of products such as condoms is hampered by the sensitivity of the subject.

Says Allied MD Glen Merryweather: "We want to install condom dispensers around the country, but they are only permitted on some university campuses. We want to advertise, but we have to do it discreetly. At the moment we cannot use TV. We are also getting pharmacies to display condoms up front, instead of hiding them behind the counters.

"But there are problems. Condoms in SA today are in the position that tampons were 10 years ago as regards retailing," Merryweather says.

Robert O'Molony, MD of LRC Industries SA, the sole distributors of Durex, agrees. "We are trying to place our product in supermarket chain stores. Clicks has always had them, but now we are going into Pick 'n Pay, Checkers and the OK. It hasn't been easy."

LRC — which imports condoms from Germany and packages in SA — is also involved in educational programmes for the black market on sexually transmitted diseases (STDs), including Aids. It has employed a black development manager to help promote awareness among blacks, and is publishing an Aids information pamphlet in July.

Local investors are also conscious of the potential growth market in condoms, particularly since the stock of manufacturing companies in Europe and the Far East has soared since the Aids scare. Merryweather claims he has received calls from people asking if Allied intended listing, and offering to invest.

"For the record, we are concerned only with launching and promoting our new ranges," he says. "We are hoping for sales of 1,5m in three years." ■

AIDS tests would boost escort agencies — claim

NORMAN SHEPHERD

AIDS tests on escort agency workers would merely create a sense of false security and boost the business of the agencies, Johannesburg's medical officer of health said yesterday.

Professor Hilliard Hurwitz said the tests could also be seen as council acceptance that the agencies were fronts for prostitution and AIDS victims dumped by agencies would work on the streets, making it harder for officials to trace and stop them spreading the disease.

Hurwitz said many escort agency workers regularly visited council clinics for venereal disease check-ups.

Most prostitutes did not work from the agencies and the council found in a recent survey that no Johannesburg prostitutes had AIDS.

Referring to a newspaper report that the city's escort agencies had lost 50% of their business over the past few months and had asked for AIDS checks on their workers, he said he was not aware that any representations had been made to the council.

Hurwitz said: "I believe the girls at risk should be regularly examined, but if we undertake to enforce checks we have to be clear whether our objective is to support the escort agencies or to make an impact on the transmission of sexual diseases.

"Agencies are only one source of problems. A very small number of their workers are prepared to sleep with clients, compared with streetwalkers and enthusiastic amateurs.

"So, in enforcing checks on agency workers, we would be dealing with only a small section of the sexually active community," said Hurwitz.

Aids tests for sex offenders?

Argus Africa News Service

WINDHOEK. — The authorities are considering introducing legislation making it compulsory for all sex offenders, inclusing prostitutes, to undergo Aids tests.

The secretary for health, Dr Lourens Erasmus, said more than 600 people had been tested for Aids and that 30 of these had been diagnosed "positive".

Dr Erasmus was answering questions about rumours in the capital that prostitutes arrested recently in Windhoek's red light district had been diagnosed positive after Aids tests.

He said he wanted to see testing of all arrested sex offenders, all army recruits and immigrants for the disease.

US labs 'created' Aids, says new report

Own Correspondent

LONDON. — Aids was caused by an experiment in an American research laboratory, a new report claims.

A study by the National Anti-Vivisection Society, published in July, states: "The scientific community must now stand accused of creating the worst public health disaster in recent history."

Scientists believe Aids was originally a virus found in the green monkey, and transmitted to humans. Then the virus mutated to become today's Aids virus.

The NAVS report, however, claims the crucial mutation took place in American research laboratories where the green monkey was a popular experimental breed.

The report says the viruses that formed the Aids virus could not come together under natural conditions but that they did, with great frequency, in American laboratories.

Aids 'worries' teenagers

Staff Reporter

MOST South African teenagers are worried about Aids, according to a new poll.

The Teenchek poll, conducted in March by Research Surveys, showed that 75% of those in the 16 to 20 group feel concern — some of them great concern — at the reported incidence of Aids in South Africa.

And 70% of the 400 white and 400 black teenagers surveyed would prefer sufferers of the deadly disease removed from schools and places of work.

Aids threat grows

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ONLY 49 Aids cases, all white South Africans, have been officially reported in this country, but the number will soar to at least 2 500 by 1991 and the disease is a growing menace to blacks.

The South African Medical Journal, published by the Private Medical Association of South Africa, said 95 percent of the Aids victims in this country were homosexuals or bisexuals.

In this group alone we can project that there will be about 2 500 cases by 1991.

"Even more menacing is the spectre of Aids in our black population."

No evidence existed of significant infection among blacks at present but it was inevitable that what it described as an Aids epidemic in countries north of SA would spread and establish itself here, the journal said. – Sapa.

SA condom factories gear up

The Argus Correspondent

JOHANNESBURG. — With the threat of African Aids looming menacingly across the Limpopo, South Africa's condom plants are gearing up.

Production is set to more than double by next year and new market campaigns will propagate condoms as a health product.

International experts agree that the simple condom, in use in one form or another for at least three centuries, is the most efficient anti-Aids preventive known to medical science.

In South Africa it also the cheapest, since Government tender condoms are sold for as little as 9c each.

South Africans, buying about 25-million a year and therefore in the low-use category of condoms, are likely to face an onslaught of zeal to bring the condom back in favour again to prevent the spread of sexually-transmitted diseases, of which Aids is the most dangerous killer.

Later this year the product is expected to line the shelves of all traditional "family" supermarkets. At present only one chain markets them.

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There will also be attempts to extend their sales by vending machines, now confined to university campuses only.

A spokesman for a long-established Johannesburg manufacturer said the new sales drive would be organised within a few weeks. "We are importing new machinery worth hundreds of thousands of rands to more than double production by next year.

"The threat of Aids, especially the African variety north of us, has turned the issue of condoms into a wholly different game," he said.

Later this year the Department of Health, now distributing between 12-million and 13-million free condoms a year as part of family planning services, is likely to follow the advice of Dr Jack Metz, chairman of the Aids Advisory Committee, that South Africa should launch an anti-Aids campaign as big as in countries like Britain and Germany, where households and wall sites have been inundated with pamphlets and posters.

So far there are no plans to distribute condoms in South African hotels as part of free toiletry pouches, as will soon happen in Britain.

There the sheaths are being specially marketed to luxury hotels packaged as first-aid kits marked with a red cross to avoid causing offence, and together with such items as shower caps, shampoos and shoeshine cloths.

guessing, and I would therefore not try to guess at this point.

Attorney's Fidelity Guarantee Fund

*18. Mr D J DALLING asked the Minister of Justice:

(1) Whether his Department recently held discussions with the officers of the Attorneys' Fidelity Guarantee Fund; if so, when;

(2) whether he intends introducing any legislation arising from such discussions during the current session of Parliament; if not, why not?

†The MINISTER OF LAW AND ORDER (for the Minister of Justice):

(1) Yes; 4 November 1986.

(2) Yes, if time and circumstances so permit.

Staff establishment

*19. Mr C W EGLIN asked the Minister of Law and Order:

What was the (a) actual and (b) authorised staff establishment of the secretariat of the State Security Council as at the latest specified date for which information is available?

The MINISTER OF LAW AND ORDER:

The hon member is referred to the answer to Question No 2 on 23 June 1987.

Non-Whites at hostel

*20. Mr F J LE ROUX asked the Minister of Economic Affairs and Technology:†

(1) Whether members of more than one population group are permitted to reside at a certain hostel, particulars of which have been furnished to the Minister's Department for the purposes of his reply; if so, (a) why, (b) (i) members of which population groups are so permitted and (ii) from what date in each case, (c) how many (i) Whites and (ii) non-Whites are residing at the hostel at present, (d) what is the name of the hostel and (e) to whom or what body does the hostel belong;

(2) whether the decision to admit non-Whites to the hostel concerned was taken with the approval of his Department; if so, (a) by whom was the decision taken and (b) what bodies or persons were involved; if not, what are the relevant particulars;

(3) whether he will make a statement on the matter?

†The MINISTER OF ECONOMIC AFFAIRS AND TECHNOLOGY:

(1) According to my information members of more than one population group were allowed, as an interim emergency measure, to reside at the particular hostel for a limited period.

(a) Due to a shortage of suitable accommodation, as well as transport problems encountered by the five persons concerned. They are highly qualified and experienced. Two of the persons have obtained BSc degrees with the aid of ISCOR bursaries.

(b) (i) Asiatics.

(ii) The first person was allowed into the hostel on 2 February 1987 and the last person left on 31 March 1987.

(c) (i) 570.

(ii) None.

(d) Huis Edelstaal, which is a hostel for apprentices.

(e) The South African Iron and Steel Industrial Corporation Ltd.

(2) (a) and (b) No. Iscor made the arrangement on its own responsibility as an interim measure in view of the circumstances mentioned in (1) (a).

(3) No.

23/6/87

HoA

Witbank police station building

*21. Mr W J D VAN WYK asked the Minister of Law and Order:†

(1) Whether there is a shortage of space in the present police station building at Witbank;

(2) whether it is the intention to erect a new police station building at Witbank; if not, why not; if so,

(3) whether building plans for a new police station have been drawn up; if not, why not; if so, (a) when are the building operations expected (i) to commence and (ii) to be completed and (b) what is the estimated cost of the project?

The MINISTER OF LAW AND ORDER:

(1) Yes.

(2) Yes.

(3) No, but architects were already appointed to start with the planning thereof.

(a) and (b) A building complex with accommodation for the uniform branch, criminal investigation department, security branch, riot unit and district garage as well as a mortuary and single quarters for members of the Force, at an estimated cost of R22,5 million is being planned and is expected to be completed towards the end of 1992.

23/6/87

Aids: mineworkers tested

*22. Mr W J D VAN WYK asked the Minister of National Health and Population Development:†

(1) Whether workers from other African countries coming to work in South African mines are medically examined with a view to Aids; if so, (a) how many cases have been tested positively and (b) what action is taken in respect of such cases; if not, why not;

(2) whether he contemplates applying a medical test for all such workers from other African countries; if not, why not; if so, (a) what test and (b) as from when?

†The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes. All recruits undergo physical examination.

(a) 7 cases of clinical Aids have been diagnosed. 940 persons were found to have positive blood tests for Aids.

(b) Cases are handled like any infectious disease: appropriately treated and hospitalised when indicated. This corresponds to international practice Persons with positive blood tests are initially hospitalised, clinically examined (including immunological assessment), rigorously counselled on individual basis regarding the prevention of spread of the disease and followed up on six monthly basis. This holds for foreign as well as South African miners. As far as possible sexual contacts are traced and tested. The mines have launched an extensive educational campaign on Aids.

The Cabinet has requested the Chamber of Mines to repatriate all foreign miners with positive blood tests.

(2) No. The responsibility for medical tests on mineworkers lies with the mines.

(a) and (b) Fall away.

†Mr J H VAN DER MERWE: Mr Chairman, arising from the hon Minister's reply, I should just like to ask him if he intends to consider submitting legislation in order to make it compulsory for that class of workers to whom the second part of the question refers—that is the workers who are already here—to undergo these tests as well.

†The MINISTER: Mr Chairman, for the information of the hon member for Overvaal, I can mention that at this stage we have already examined 45 000 mineworkers and we are still attending to these examinations. What ought to put the hon member's mind at rest too, is the fact that mineworkers who

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HoA

come from high risk areas, are tested before they come to work in South Africa.

Reservation of Separate Amenities Act

*23. Mrs H SUZMAN asked the Minister of Constitutional Development and Planning:

Whether the Reservation of Separate Amenities Act, No 49 of 1953, is to be repealed; if not, why not; if so, when?

The DEPUTY MINISTER OF DEVELOPMENT PLANNING:

The Reservation of Separate Amenities Act, No 49 of 1953, is part of the related legislation which is at present together with the Group Areas Act, under consideration by the President's Council.

Rehabilitation of vagrants

*24. Mrs H SUZMAN asked the Minister of National Health and Population Development:

(1) Whether any facilities are available for the rehabilitation of vagrants of each race group from the northern suburbs of Johannesburg; if not, (a) why not and (b) what action is being taken in this regard; if so, (i) what facilities, (ii) (aa) where, (bb) when and (cc) by whom was each such facility provided and (iii) by whom are they financed;

(2) whether any additional facilities for the rehabilitation of such vagrants were provided during the past five years; if so, (a) what facilities, (b) (i) where, (ii) when and (iii) by whom were they provided, (c) by whom are they financed and (d) what total number of vagrants can be accommodated in these facilities;

(3) whether the provision of any further facilities is being considered; if so, (a) what facilities and (b) where?

†The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) *Asians and Coloureds*

None.

(a) Vagrancy is not a noteworthy problem with regards to Asians and Coloureds in the northern suburbs of Johannesburg.

(b) A countrywide feasibility study to determine the rehabilitation needs of the Coloured population group is being undertaken.

(i), (ii), (aa), (bb), (cc), (iii) Fall away.

Blacks

Yes.

(a) and (b) Fall away.

(i)	(ii) (aa)	(bb)	(cc)	(iii)
1. Tswelopelo	Soweto	Unknown	State and Private inisiative	Private—State subsidised
2. KwaTema	Springs	,,	,,	,,
3. Ithuseng	Thembisa	,,	,,	,,
4. Siloe	Pietersburg	,,	,,	,,
5. Ivycross	Kimberley	,,	,,	,,
6. Lerato Winniefred Wiley	Bloemfontein	,,	,,	,,
7. Ithuseng	Welkom	,,	,,	,,
8. Katlahong	Germiston	1.9.86	,,	,,
9. Vosloorus	Boksburg	1.4.86	,,	,,
10. Mamelodie	Pretoria	1.7.86	,,	,,
11. Etlomoleng	Alexandra	1.10.86	,,	,,

Whites

Yes.

(a) and (b) Fall away.

(i)	(ii) (aa)	(bb)	(cc)	(iii)
1. Alathia Christian Mission	Berea	Unknown	Private	Private
2. Bethany	Four Ways	,,	Apostolic Faith Mission	Apostolic Faith Mission
3. Central Community Fellowship	Hillbrow	,,	Religious groups	Private
4. Cordonia	Betrams	,,	National Council for Mental Health	Private—receives state subsidy
5. Frieda Hartley Centre .	Bellevue	,,	Roman Catholic Church	Roman Catholic Church
6. Genisis	Betrams	,,	Private	Private
7. Goodwill Centre	Krugersdorp Troyville	,,	Private	Private
8. Jessie Mission	Berea Highlands	,,	Private	Private
9. Johanna Raath Centre.	Glenesk	,,	Suid-Afrikaanse Vroue Federasie	Suid-Afrikaanse Vroue Federasie
10. Margaret House	Johannesburg	,,	Roman Catholic Church	Roman Catholic Church
11. The Lord's Place	Berea	,,	Private	Private
12. Salvation Army Shelter	Johannesburg Joubertpark Doornfontein	,,	Salvation Army	Salvation Army-state subsidy
13. Samarathan Inn	Johannesburg	,,	Private	Private
14. The Shepherd's Flock .	Belgravia Kensington Walkerville	,,	Full Gospel Church	Full Gospel Church
15. Superior Care Centre..	Malvern	,,	Private	Private
16. The Haven	Roodepoort	,,	The Assembly of God	The Assembly of God

(2) *Whites, Asians and Coloureds*

None.

(a), (b), (i), (ii), (iii), (c), (d) Fall away.

Blacks

Yes.

(a)	(b) (i)	(ii)	(iii)	(c)	(d)
Katlahong	Germiston	1.9.86	Private inisiative	Private-State subsidised	Unknown
Vosloorus	Boksburg	1.4.86	,,	,,	,,

Teens view Aids threat with concern — survey

Three-quarters of South Africa's white and black urban teenagers in the 16-20 age group say the reported incidence of Aids in South Africa causes them concern.

Seventy percent of teenagers of both race groups agree that people who have Aids should be removed from schools and places of work, with blacks in particular expressing this view.

And 52 percent of respondents admitted that publicity about Aids had caused them to review their own attitudes towards pre-marital sex.

These are the findings of the latest Teenchek opinion poll conducted face-to-face by Research Surveys in March among 400 white and 400 black teenagers aged between 13-20 in the main centres.

However, questions dealing with attitudes to sex and Aids were limited to respondents aged 16 and older.

The high level of awareness of the sexually transmitted killer disease among teenagers of both race groups is reflected by the view held by 90 percent that frank warnings are "absolutely necessary" (49 percent) or a "good thing" (41 percent).

And 58 percent say the communication to the population by authorities is "not enough" (39 percent) or "far too little" (19 percent).

The teenagers believe the authorities are not providing enough funds for dealing with the current situation and future threat (37 percent), or that these funds are "far too little" (17 percent), with 26 percent of respondents replying: "Don't know".

Dealing with awareness of Aids, Research Surveys joint managing director Mr Butch Rice said 56 percent of blacks but only 39 percent of white youngsters said reports of the incidence of Aids caused them "great concern".

Sixty percent of black youths gave this response compared with 52 percent of black girls. Among white respondents only 37 percent of the boys and 41 percent of the girls expressed "great concern".

However, 38 percent of whites expressed "some concern" compared with 18 percent of the black respondents.

Among black teensagers, 20 percent of the girls gave this more moderate response compared with 16 percent of the boys and 38 percent of white youths and 37 percent of white girls viewed the Aids threat with "some concern". — Sapa.

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Aids bite with a 'deadly weapon'

MINNEAPOLIS — A prison inmate who bit two prison guards after testing positive for Aids will appeal against his conviction of assault with a deadly weapon, the attorneys involved said yesterday.

A jury has found James Moore guilty of two counts of assault with a deadly and dangerous weapon — his mouth and teeth — after he bit two guards a total of four times, breaking the skin of one of them.

The scuffle occurred on January 7 when guards attempted to handcuff Moore after he had failed to respond to questions about a cigarette smoking incident, prosecutor Mr Jon Hopeman said. Three days later, Moore told prison officials he wanted to kill the guards, but it was not clear whether Moore was trying to infect the officers with Aids, he said.

Neither guard has tested positive yet for Aids, but doctors had cautioned one of the guards, Mr Timothy Voigt, not to have intimate relations with his wife and to restrict his activities with children, defence lawyer Mr Kevin Lund said.

Mr Hopeman said, "Because it was a human bite, and he bit two officers, we viewed it as an attempt to use his mouth as a weapon, regardless of whether he had Aids or hepatitis."

Moore (44) tested positive last year for the HIV virus that causes Aids and for hepatitis.

He had shown no signs of suffering from Aids, but had been transferred to the Federal Medical Centre in Rochester, Minnesota, for seizures and lower back pain. Convicted of credit card fraud, he had been sentenced to federal prison.

Defence attorney Mr Lund said he would appeal. "I'm convinced that if this guy didn't have Aids he wouldn't have been tried," Mr Lund said.

Moore faces up to 10 years for each officer attacked. — Sapa-Reuter.

Sex rituals may have spread virus

GARNER THOMSON

LONDON — A remarkable new theory about how the Aids virus was first passed from monkeys to humans in Africa has emerged here in a letter to *The Lancet*.

Written by Dr F Noireau, who is based in Brazzaville, it claims secret sex rites among tribes on the Great Lakes may have first transmitted the virus from monkey to man.

Most scientists now accept the virus, HIV, originated in African monkeys and somehow crossed the species-divide. But no one really agrees on whether this was caused by eating monkey-flesh, monkey-bites or some other factor.

Now, however, Dr Noireau reveals that cultural anthropologist Dr Kashamura had already established that monkey-blood is used in some rites to enhance the sexuality of both men and women.

He quotes from Dr Kashamura's treatise which reports that male monkey blood (for men) and female monkey blood (for women) is directly inoculated into the pubic area in order to promote "intense sexual activity".

The Aids virus is known to be blood-born, and only transmitted by the exchange of blood and other body-fluids, so Dr Noireau's thesis may yet prove to be correct.

He writes in *The Lancet*: "These practices could be responsible for the emergence of Aids in man."



Death of SA Aids victim who shook Di's hand

28/6/87 (2) SIT

THE AIDS victim who shook hands with Princess Diana earlier this year has died after a courageous fight against the disease.

And, for the first time, it was disclosed that he was a South African.



The handshake that made headlines ... Princess Diana greeting AIDS victim Ivan Cohen who died last Sunday

By JEREMY BROOKS
London

Ivan Cohen, formerly of Johannesburg, emigrated to England several years ago.

He met Princess Diana when she visited Middlesex Hospital in London last month.

The picture of them chatting went around the world and did much, say hospital doctors, to destroy the myths surrounding AIDS.

Mr Cohen, who was in his thirties, was artistic director for the London-based financial magazine, Boardroom.

He is survived by one sister, who lives in South Africa.

After his much-publicised handshake, Ivan discharged himself from hospital and tried to emigrate to Australia to spend his last days in a sunnier climate. He was refused on medical grounds.

His condition deteriorated and he was re-admitted to hospital before his death last Sunday.

This week, a family friend said: "Ivan died bravely.

"By agreeing to be photographed with Princess Diana, he achieved something unquantifiable."

Princess Diana toured Middlesex Hospital last month for two reasons.

The first was to open the hospital's multimillion-rand ward catering exclusively to London's AIDS patients.

"The other was to dispel some of the stigma attached to AIDS," a hospital spokesman said.

Popular

Wanting to protect their families, none of the other patients in the ward agreed to be photographed or identified.

And it was only after his death this week that Ivan's name was published.

A friend at his office said: "Ivan made no secret of the fact that he was 'gay', but kept his private life pretty much to himself.

"He was popular here, and we miss him desperately."

Pentagon probes African 'epidemic'

By NEIL HOOPER

THE AIDS virus is spreading with epidemic speed throughout Southern Africa.

The American Department of Defence is spearheading research to determine the strategic implications.

The department is funding the research headed by Dr Bruce Johnson, who has been based in Nairobi, Kenya, for more than a year.

Sources close to Dr Johnson said this week his research projections forecast that the black population in Southern Africa would decrease by as much as 70 percent in the next 10 to 15 years as a result of AIDS deaths.

Contacted at the Kenyatta Hospital in Nairobi this week, Dr Johnson said this figure was based on the findings of the World Health Organisation (WHO).

Dr Daniel Tarantola, of the WHO, said in Geneva this week, they forecast that worldwide between 5- and 10-million people would be infected with AIDS within the next five years. Most would die within 10 years.

● Meanwhile, intelligence sources revealed this week the killer virus has started spreading among the Cuban troops fighting alongside the Angolan and Swapo forces against Unita.

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Guide planned as victims seek cover

Insurance move to avoid AIDS losses

HELEN WISHART

THE life insurance industry is taking steps to avoid being caught by AIDS sufferers who take out extensive policies when they know they are dying.

SA industry representatives are anxious to avoid the huge payouts made in the US while little was known about the disease. It is estimated AIDS will have cost the US life insurance industry $50bn by the end of the century.

The Life Offices Association — umbrella body for the life insurance companies — has already established an AIDS committee to look at problems peculiar to the disease.

The problems range from the difficulties in identifying the high-risk group to moral issues in telling a client he or she has AIDS, according to a medical check.

While all companies conduct medical tests on clients taking out policies, only some have devised a specific AIDS test.

The LOA is trying to set uniform guidelines for the industry.

Because AIDS-related claims unnaturally increased death statistics used by the life insurance industry, compared with the population in general, the picture would be distorted and the body of funds decreased to the detriment of policy-holders.

Swiss Reinsurance spokesman Douglas Keir said: "The insurance companies suffer from a higher-than-expected prevalence of infected people, but in the US these people also take out higher-than-normal policies".

He said the average size of a policy was three or four times higher than normal. Therefore, life insurance companies were concerned about protecting existing policy-holders.

LOA spokesman Jurie Wessels emphasised existing policy-holders would be fully covered if they contracted AIDS after assuming their life policies.

He said it was difficult, at the underwriting stage, to police the problem of AIDS sufferers taking out policies, because of the nature of the disease.

Blood tests picked up antibodies, rather than the virus. Tests were not foolproof before the antibodies had been built up. This was called the "antibody-free window".

If blood tests were used to test for AIDS, the tests would have to be non-discriminatory and the LOA would recommend such tests for policy applications above a certain amount.

Individual companies could require tests below this guide figure, if desired.

Another industry spokesman said abnormally high policies were being taken out by US AIDS sufferers before the industry woke up to the fact and formulated a covering policy.

Victim being treated in Durban hospital

First black South African gets Aids

(92) STR 3/12/87

Medical Reporter

The first black man in South Africa diagnosed as having Aids is being treated in a Durban hospital, a spokesman for Durban University's medical school confirmed yesterday.

The man, who remains anonymous, is middle-aged and heterosexual. The spokesman would not reveal the man's age, where he was being treated or any further details.

According to Dr Ruben Sher, of the South African Institute for Medical Research, 87 cases of Aids have been diagnosed in South Africa since 1982.

Of these, 66 were South Africans and 21 non-South Africans. The mortality rate was 72 percent, Dr Sher said.

MAJORITY WERE HOMOSEXUAL

Including this latest report from Durban, there has been one black Aids sufferer, one coloured man, one white woman and 64 white men — 58 of these homosexual.

The white woman, who is married and from the PWV area, was apparently treated in Johannesburg two months ago. Dr Sher would not reveal her name and address nor where she was treated. He said she had since been discharged and had gone home.

Dr Sher yesterday urged women to become more conscious of the condom and ensure that it was used.

He said he could not forsee the development of a vaccine against Aids in the near future.

Dr Sher was speaking at a ceremony at the University of the Witwatersrand at which he was given the Wits Alumni Honour Award — the highest award made by past students to one of their convocation members for exceptional service to the community.

Art teacher back in hospital

BLOEMFONTEIN — Eunice Primary School art teacher Mr Lourens Baaij (29), who has the dreaded Aids disease, has again been admitted to the Universitas Hospital in Bloemfontein.

A hospital spokesman said Mr Baaij was having tests and receiving treatment for the disease.

He should have resumed his duties at school on November 23, but asked for an extension from the Education Department. His sick leave has been extended to December 31.

It is understood Mr Baaij's condition is causing concern.

Aids suspect found dead

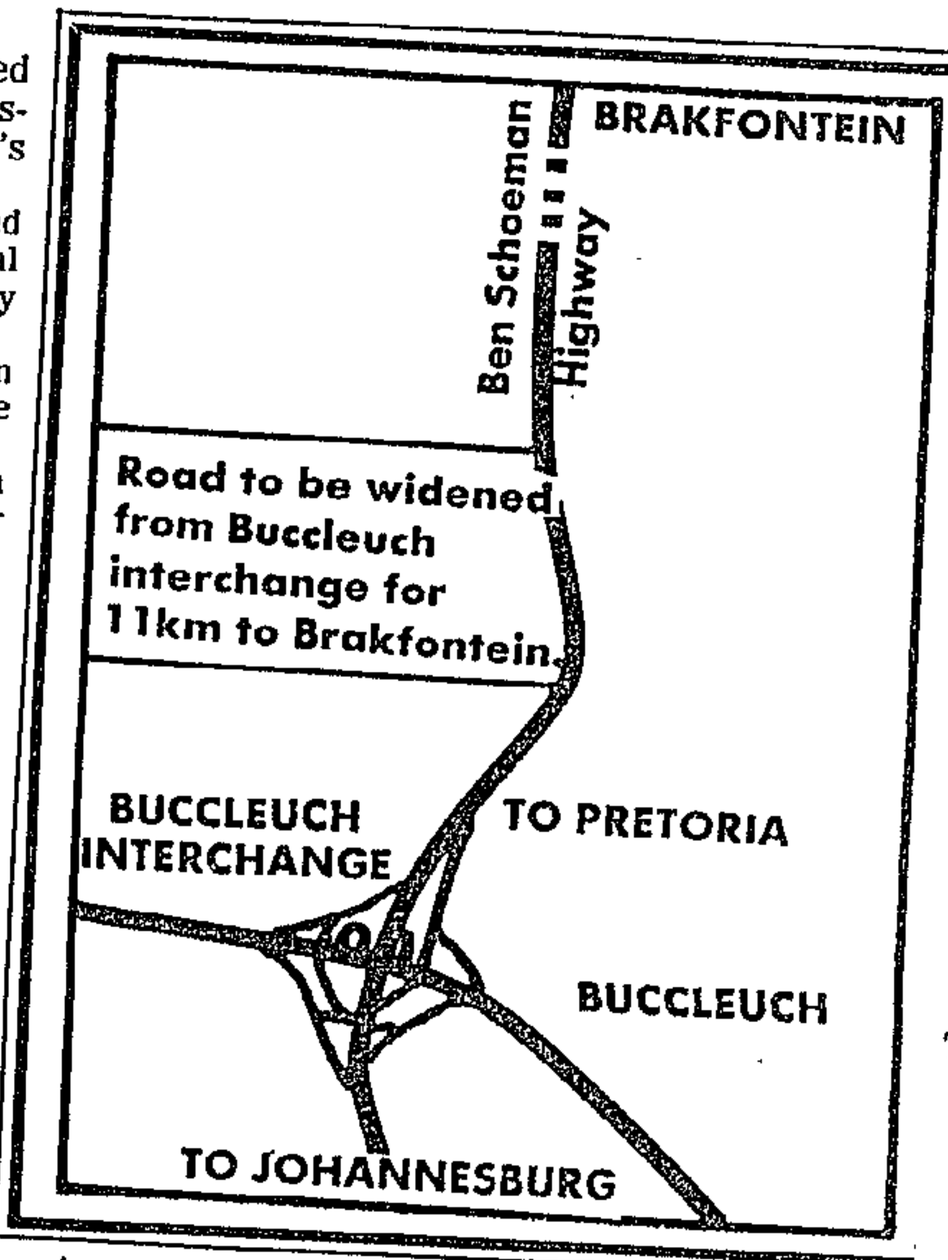
A man who allegedly suffered from Aids has died after drinking ant poison on a smallholding near Cullinan.

He was Mr Russell John Howell (23) of Plot 70, Donkerhoek.

The police liaison officer for Northern Transvaal, Lieutenant Hennie Crowther, said Mr Howell was found dead by a relative on Monday.

It is believed Mr Howell was infected with the killer disease when he received a blood transfusion in February 1986.

A crime is not suspected — Sapa.



Armscor denies recruiting Israeli air technicians

3/12/87-STR

LONDON — Nearly 50 Israeli aircraft industry engineers and technicians, made redundant by the cancellation of the Lavi fighter project, have been recruited by a South African aircraft company, says *Jane's Defence Weekly*.

"They are presently living in Johannesburg hotels and will receive salaries of between US$5 000 $7 000 a month, payable into bank accounts anywhere in the world," the publication says.

"They will initially begin work on the Cheetah upgrade programme, an adaption of the South African Air Force Mirage III, before helping to set up a plant at an existing factory near Pretoria for the manufacture of a new aircraft.

"This will be either the Arieh, the scaled-down forerunner of the Lavi, or a copy of the F-21 Kfir, which is, in turn, a copy of the Mirage 5."

However, *Jane's* quotes an Armscor (South Africa) spokesman as saying: "We categorically deny recruiting Lavi technicians."

"No comment."

Jane's says that in a separate move, South Africa is also currently planning an update of its

Aids cases nearly twice 1986 figure

GENEVA. — The number of reported Aids cases in the world has nearly doubled in the past year, the World Health Organisation (WHO) has said.

It said the reported incidence of the fatal disease rose nine percent to 68 217 cases in the month up to November 25. On December 9, 1986, the total was 36 539.

The World Health Organisation says a greater number of people — between five million and 10 million — carrying the Aids virus have not yet got the disease.

Even if strict preventive measures were universally observed the Aids toll would continue to rise as some of this number fell ill. By 1991, 500 000 to three million people would get Aids (Acquired Immune Deficiency Syndrome), the organisation said.

The largest number of cases was recorded in the United States, with 45 436, an increase of 679 in a week. It was two-thirds higher than the 27 773 of a year ago.

Intravenous drug use

France moved ahead of Brazil as the country with the second largest number of cases. The French total rose by a quarter in three months to 2 523 from 1 980. This was 2½ times as high as a year earlier.

Reporting Aids cases to the WHO is voluntary and some countries report more often than others. Brazil recorded an increase of 89 in two weeks to 2 102.

The number of cases in Kenya jumped by 54 percent in just over three months to 964 from 625.

In the United States Aids is spread mainly through homosexual contact or intravenous drug use and in Africa mainly through heterosexual intercourse.

A World Health Organisation breakdown showed eight times as many cases in the Americas (52 136) as in Africa (6 635). Heavily-populated Asia has reported only 205 cases although experts say the incidence there has been seriously under-reported. — Sapa-Reuter.



R1-BILLION SUIT: Dr James Watson and his wife, Norma, stand over their son, James, after his operation earlier this year for birth defects caused by CMV, a herpes virus often carried by Aids patients. The couple have filed a lawsuit against a San Francisco hospital, the city and the state of California claiming Mrs Watson was prohibited from wearing protective gear when working with Aids patients as a nurse. This caused her to be exposed to the virus and led to the birth defects.

British guidelines for doctors who have virus

The Argus Foreign Service

LONDON. — The Department of Health is drafting guidelines for doctors who have Aids or are carrying the virus.

The publication, to be issued next year, is intended to reduce the risk of doctors and other medical staff infecting patients, particularly during operations.

Surgeons are also discussing safety measures to protect themselves as well as patients, including the use of lasers rather than scalpels in some operations, and staples instead of stitches.

One British doctor is known to have died of Aids and a small number of others are believed to be infected, but there is no known case of a patient catching the virus from a health care worker.

The new advice is likely to focus on three aspects: the risk of transmitting the virus by those who have the human immunodeficiency virus but no symptoms of Aids; those who have opportunistic infections related to the disease; and those who have signs of dementia, one of the symptoms of advanced forms of Aids.

eek injuries but walked

Cape Times 3/12/87

First SA woman Aids victim

JOHANNESBURG — The first woman in South Africa and the first black man to contract Aids had been diagnosed recently, the head of the Aids Unit of the SA Institute for Medical Research, Dr Ruben Sher, said yesterday.

He was speaking after receiving the Alumni Prize from the University of the Witwatersrand for exceptional service to the community.

The woman is young, married and lives in the PWV area, he said.

The man is a middle-aged heterosexual from Durban. — Sapa.

208-4722

CAPE Times 4/12/87 (92)

Aids victim hospitalized

JOHANNESBURG. — SA's first black Aids case, a middle-aged heterosexual Durban man, has been hospitalized, bringing the number of SA Aids sufferers to 67.

Dr Ruben Sher, who confirmed the case, said testing in the black community had identified a number of Aids carriers had been found. But this was the first reported sufferer.

Dr Sher, head of the newly formed Aids Information and Training Centre in Johannesburg, said the World Health Organization predicted a future scenario in which 35% of all adult men in the world might be infected with Aids.

Making a mint from Aids

The marketing of Aids is a business with a big future.
By TERESA MAZZITELLI

THE business of Aids is booming. While researchers, pharmaceutical companies, advertisers and funding agencies strive to be seen as humanitarian, capitalism has caught on to the potential profitability of acquired immune deficiency syndrome.

The growing market interest in Aids is evident in the changing character of conferences held to publicise research and discuss progress in fighting the disease. Kim Bunn, of the World Health Organisation's Aids programme, says conferences in Washington and Paris for medical experts have been deluged with salesmen.

"Last year in Paris, a whole segment looked like a trade show. A year later, at the Washington conference, rooms were filled with exhibits. If you're in business and you've got something that can be of use to these people, that's where you'll go."

At the local level, individual doctors operate private clinics which charge a fee for an Aids test that government medical systems in some countries administer free. But the big money is in research and in the production and marketing of Aids-related items. From drugs and prophylactics to testing kits and anti-Aids dating services, entrepreneurs are finding their niche.

The potential market is huge. WHO recently doubled its estimate of Aids sufferers worldwide to 150 000. The Centre for Disease Control in Atlanta says the US public health budget for Aids spending could reach $800-million (about R1 600-million) next year, an increase of $300-million.

Says Peter Tachell, author of *Aids, A Guide to Survival*, "There is a lot of altruism and compassion but there is also the darker side of megaprofits which motivates as well."

The British government, which launched an advertising campaign and contributed £52-million to combat the spread of Aids, says it will allocate another £50-million (about R153-million) to regional health authorities over the next three years.

Says Department of Health and Social Security representative Steve Bird: "It's needed funding. The number of cases is steadily increasing month by month."

Media Expenditure Analysis Ltd, a private monitoring group, reports that £1,6-million was spent on Aids advertising on British television this year and another £1,5-million on press campaigns. Advertising agencies are scrambling for the plum contracts in this growth industry.

Association of British Pharmaceutical Industry representative David Taylor estimates that industry spending on Aids research this year totals £45-million.

It promises rich rewards for an effective Aids vaccine. Nearly 40 antiviral or immunomodulating drugs are being tested in the US. Worldwide, about 300 pharmaceutical companies have invested in Aids research. Multinational drug firms are racing towards a patent worth millions.

The US pharmaceutical giant, Burrough-Wellcome has spent $100-million on developing Retrovir, the first drug licensed for treating Aids patients. A year's treatment costs $10 000. Retrovir is on sale in 24 countries and registered in 35 others.

Wellcome shares on the London stock market jumped 42 pence largely due to the response to Retrovir.

Condom sales have become a cutthroat business. Worldwide condom sales have increased between 20 and 40 percent; one British manufacturer increased its production by 50 percent this year.

WHO, which is working with 128 countries on Aids programmes, spent $25-million this year and had budgeted $66-million for next year.

The Terrence Higgins Trust, the leading British agency in Aids education, is four years old but the British Medical Association's recently established Aids foundation is so new it is still without an administrator.

A proliferation of books, videos, research projects, nursing and travel fellowships and educational material is contributing to a higher Aids employment rate. And there is much jostling as immunologists and research teams compete for funding and fame.
— Gemini News Service

Aids sufferer fading fast

By ANDY GALLOWAY

AIDS sufferer Laurens Baaij, a 28-year-old art teacher from Bloemfontein's Eunice Primary School, is back in hospital.

Mr Baaij, whose sick leave expired on November 20, has been granted extended leave until the end of December by the OFS Department of Education.

His mother, who travelled from Evander in September to be at her son's side, and a handpicked medical team are the only people allowed to visit Mr Baaij.

A close friend said Mr Baaij was being fed intravenously and "can hardly talk".

"He has lost an incredible amount of weight. He's just skin and bones and he can no longer walk. He is definitely in the final stages," the friend said.

A few weeks ago, Mr Baaij's doctor said: "At this stage, people are a greater danger to Mr Baaij than he is to them".

Mr Baaij was first admitted to the hospital in mid-July for treatment of a duodenal ulcer and gastro-enteritis.

AIDS tests proved positive and he was treated in the hospital until September.

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Mr Baaij was first admitted to the hospital in mid-July for treatment of a duodenal ulcer and gastro-enteritis.

AIDS tests proved positive and he was treated in the hospital until September.

Aids man dies

A MAN who apparently suffered from Aids died this week after drinking ant poison on a smallholding near Cullinan.

He was Russell John Howell, 23, of Plot 70, Donkerhoek.

The police liaison officer for Northern Transvaal, Lt Hennie Crowther, said Howell was found dead by a relative on Monday.

It is believed he was caught the killer disease when he received a blood transfusion in February last year.

Police took possession of an empty poison container. Foul play is not suspected. – Sapa

6/12/87

(92) Sowetan 7/12/87

AIDS KILLS

FOCUS

'AIDS won't happen here'

WRONG

'Medicine will find a solution soon'

WRONG

'It couldn't happen to me'

BEWARE

MOST South Africans I have spoken to react like this to the issue of AIDS. They are certainly wrong on the first two counts, and unless they have had only one faithful sexual partner for at least the last two years, they could also be wrong on the third.

Because most of us don't personally know anyone who has died of AIDS, it seems like just another scare story. It is in fact a time-bomb ticking away in our midst, which will cost thousands perhaps millions of South Africans their lives.

Generally, AIDS is seen as a disease of the homosexual communities of Europe and America, the "Gay Plague", as it has been called. by world standards, South Africa is still relatively unaffected by AIDS. A recent Press report says 60 South Africans have died of AIDS so far, 57 of whom were white homosexuals or bisexual men. But this low level could rise dramatically in a very short time. Look at what happened in the USA.

The first case of the killer virus was documented in 1981. By mid-1987 the number had rocketed to an estimated million and a half carriers of the virus with 30 000 actual cases of the full-blown AIDS disease. While the majority of the victims so far have been homosexual or bisexual men, or intravenous drug users, the disease is now loose in the heterosexual community.

Women who have become infected through sex with infected bisexual men, presently only account for 4 percent of the cases, but the number is rising rapidly. Women drug addicts with AIDS are an even more frightening phenomenon, since they often pay for their drug habit by prostitution, infecting heterosexual men, who in turn infect wives, girlfriends and other prostitutes.

By contrast with Europe and America, AIDS in Africa is largely a heterosexual disease where it is known as "Slim" because of the way victims waste away. Actual figures are hard to come by, but AIDS experts believe that tens of millions may die; already reports are coming in of whole villages in Uganda which have simply ceased to exist as men and women, and children born of infected mothers, die, and pathetic bands of orphaned young children leave for other villages or the cities. But Uganda is not alone in its misery.

A recent report in the UK *Daily Telegraph* said that in the cities of Central and East Africa, studies suggest that "between 10 and 20 percent of people aged 15 to 40 have been exposed to the virus. Many doctors believe that in Africa, half of those who tested positive for the virus will be dead in five years and most within a decade." If people do not take steps to protect themselves from possible infection, the rate of infection could easily double every year. Millions are already infected and people are talking of some areas of Africa as an unpeopled wasteland by the year 2000.

The implications are horrific. Attacking, as it does, those who are in their most productive years and the backbone of the nation's economy, (particularly the country's educated elite, who travel more and, by virtue of wealth, have more access to casual sexual relationships), AIDS could drastically set back the development process in Africa.

Loathe

African governments have understandably been loathe to make public the extent of their problems: tourism, foreign trade and investment could dry up if a nation revealed that it was face-to-face with an epidemic of catastrophic proportions. (In Haiti, American tourists dropped from 70 000 to 10 000 in one year when the high Haitian AIDS rates became public.) But if public education programmes are to have the slightest hope of succeeding, the people need to know the truth.

President Kenneth Kaunda of Zambia, whose son died of AIDS earlier this year, has taken a brave stand by making the fact public. He has also said, in an interview with the London *Times;* "AIDS is a very serious problem for Zambia. This desease could easily carry millions away from us."

Africa offers an alarming conducive environment for this kind of epidemic. It is a continent disrupted by rapid urbanisation, wars and natural disasters. Refugees, migrant labourers, soldiers, guerilla trainees and political exiles criss-cross the international boundaries, moving from country to city and back again.

Developing nations, with limited health budgets and people already vulnerable to new infections because of endemic diseases, poor living conditions and inadequate nutrition, might find themselves financially crippled by the costs of AIDS education, blood-screening and testing and caring for the terminally ill.

A further problem is that in countries where ill-health is so common, AIDS may be accepted fatalistically, and people may do little to change their ways to stop the spread of the disease. (Even in the United States where AIDS education is very strong, a number of studies have shown that knowing you or your partner are infected does not necessarily change your sexual behaviour).

What about South Africa? While deaths from AIDS are still low and mainly in the homosexual community, there is alarming recent evidence that it has now spread into the heterosexual community. Routine blood testing of pregnant women has revealed growing numbers of virus carriers in all communities and cases of infected prostitutes, black and white, still practising their trade, have hit the headlines. The majority of these mothers and at least 50 percent of their babies will die of the disease within the next few years. The prostitutes will pass it on to their clients, often visitors from out of town, who will take it back home. AIDS travels fast and it knows no race, class, religious or geographic boundaries.

Potentially the greatest source of infection for South Africa at present is from outside our borders, as migrant labourers from neighbouring states seek work on our farms and mines. Already a thousand mineworkers, mostly migrants, have tested positive for the infection, and by June of this year, there were 9 full-blown AIDS cases on the mines.

Migrant

As we come to understand AIDS better, and it becomes clear that anything up to 90 percent of those who have been infected will develop the disease; the 1 000 so far identified could well all be full AIDS cases within a few years. If counselling and education have not persuaded them to change their behaviour, countless others both in South Africa and back in their home countries, could be infected.

With only 60 deaths so far (although the estimated total number of carriers is anywhere between 10 000 and 25 000) the problem looks small, and the State has been slow to act. In the USA, Europe and Japan, by contrast, massive education campaigns have been luanched. In Britain, for instance, a pamphlet setting out the nature of the disease, and how you could protect yourself, was delivered to every single household in January this year. billboards, television, newspapers and school sex education classes have carried the message.

South Africans have been hopelessly uninformed and unprepared. (We even managed earlier this year to run out of condoms — the internationally recognised first line of defence against AIDS — normally supplied free at State health clinics!)

If the State health services are not going to launch a massive campaign to educate us, what can we do to protect ourselves? The only protection available at present is to know the facts, and to make sure everyone in your family knows them, too.

AIDS travels fast and it knows no race, class, religious or geographic boundaries

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Aids: how to take care of yourself

(92) 8/12/87 Sowetan

This is the final of a two-part series on AIDS.

FOCUS

What is AIDS and how does it spread?

AIDS stands for "Acquired Immune Deficiency Syndrome". It is started by exposure to the Human Immunodeficiency Virus (HIV) which occurs when the body fluids of an infected person — blood, semen or vaginal fluid — pass into your body through vagina, rectum, mouth or any breaks in your skin, such as ulcers, cuts, grazes or sores. The commonest way is through sexual intercourse between man and woman or man and man. Babies born to infected mothers have a 50 percent chance of carrying the infection, according to British studies, and intravenous drug users who share needles with carriers also expose themselves to it. Tattooing, acupuncture, ear piercing or any other process where the skin is punctured by unsterilised objects, or sharing items like razors and toothbrushes, which may be contaminated with blood, all carry some risk of infection. Blood transfusions involving infected blood were also responsible for passing on HIV at the beginning of the epidemic, but all South African blood is now tested and safe. (It is absolutely safe to donate blood as the equipment is all sterile!)

Male initiation schools in South Africa are another potential danger area, where groups of young men are circumcised, often using the same instrument for each operation. If just one of these initiates is infected, both the operation and the subsequent medical care they are given in the school could spread the virus and ultimately wipe out the group. It is essential that those in charge of the schools be aware of this threat and use a separate, sterile blade for each initiate (as is already done in some communities) and make sure they scrub up between attending to each initiate's bandages, etc.

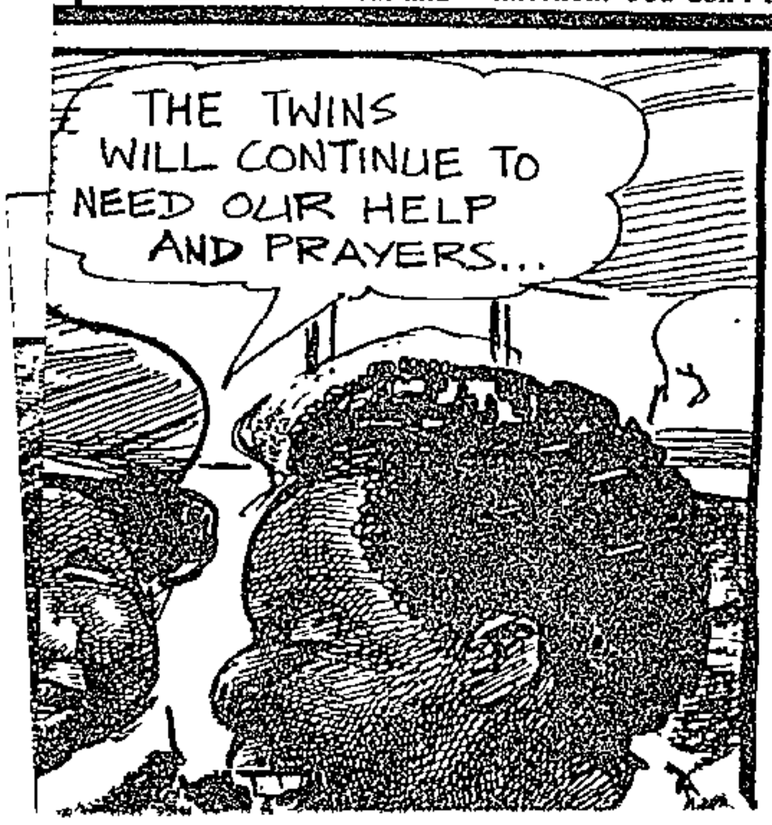
Once someone is infected with HIV, he or she is immediately capable of passing on the infection, although showing no sign of illness, sometimes for years after the original exposure. That is why people who believe they can tell if someone is "clean" are absolutely wrong.

The only way you can know for sure if you or someone else has been infected is with a blood test given by a qualified doctor.

Why do people die of AIDS?

The HIV virus kills people by destroying their immune system, their bodies' own ability to fight off diseases and infection. You don't die of the HIV virus itself, but of all the onslaughts your body can no longer defend you against. Infections that in normal people present no threat, can be fatal for an AIDS sufferer. They die of rare forms of pneumonia, cancers, gastro-intestinal infections etc, as their bodies' defences crumble. It is this state which is known as AIDS. In places where TB, VD and many other infectious diseases are rife, people are especially vulnerable.

We still do not know for sure what percentage of HIV carriers will actually develop full blown AIDS; originally scientists thought about 30 percent, but as time passes and more long-term carriers fall ill and die, estimates have moved up from 30 percent to 75 percent and recently 90 percent. Once you actually become ill, and are diagnosed as having AIDS there is no cure, and no hope of a cure or a vaccine against HIV in the foreseeable future. AIDS is a death sentence.



How can you protect yourself?

Since most people are infected through sexual intercourse, the only way to be sure of not getting AIDS is to stick to one, faithful partner. For each extra partner you have, you do not only add one more chance of infection, you actually multiply your chances by the number of partners each of your partners has had. Only one person in a chain of relationships needs to be infected for the whole chain to be at risk. So, Rule Number One is: the fewer the partners, the less the risk.

Apart from advising you to stick to one partner the only other real protection medical science can offer you at the moment is the condom.

Rule Number Two is: Practice Safer Sex, i.e. use a condom.

If you have any sexual encounter which involves contact with other people's body fluids, make usre you use a condom at all stages of the game. They are available free at Government and certain other family planning clinics and commercially in chemists and supermarkets.

If you are at all concerned that you may have been infected, see a doctor or visit a clinic or hospital immediately. They will arragne for tests and provide you with counselling and support

What else can you do?

Education is at present the only weapon we have against AIDS. Until the Government recognizes the problem and starts an information campaign, it is up to individuals to try to raise public awareness Put pressure on community leaders, local health officials, schools, employers and the media, to arrange for educational programmes leaflets etc

Pressure the same groups for a campaign to make condoms freely available. Elsewhere in the world, including most recently Botswana, governments are installing dispensing machines in public places, e.g. stations, sports and social clubs, university residences; prisons and single-sex hostels are also obvious target, since they are often areas of high "situational" homesexuality Having condoms available at clinics is just not enough, often men do not go there and they are not open 24 hours a day!

Because South Africa is still relatively unaffected, even concerned individuals might think all the above advice is rather exaggerated. If you feel this, the grim situation north of our borders might help to get the message in perspective.

In the closing years of the 20th century it is difficult to actually imagine a plague on the loose. To understand its fury, we should remember that in just four years, between 1347 and 1350, bubonic plague wiped out one third of Europe's population We are medically as helpless against AIDS as they were against "the black death". The only weapon we have is our understanding of the way AIDS spreads and the behavioural changes that will protect us against it.

Lest we forget

THE *Sowetan* today remembers journalists around the country who are in detention:

Massive AIDS awareness campaign due soon

DIANNA GAMES

SO LONG as AIDS high-risk groups co-operated with government, AIDS would not become a notifiable disease, deputy Director General of Health Dr George Watermeyer said this week.

"We have leaned over backwards not to make it notifiable because of the nature of the high risk groups and, so far, we are getting superb co-operation from everyone," he said.

Draconian measures would be introduced only when that support and co-operation dwindled, and the access to information that could aid the spread of the disease was withheld, he said.

Tourists exempt

No testing of foreigners wishing to work in SA — in terms of regulations Gazetted in October relating to AIDS — had yet taken place, he said.

He reaffirmed that such testing would not apply to tourists temporarily in the country, but work permit applications from foreigners from high risk countries would have to be accompanied by a medical certificate stating that they were not carriers of the HIV virus.

Watermeyer said the definition of a high risk country was any one which had a greater proportion of AIDS carriers and sufferers than SA.

The regulations, whereby a foreigner found to be carrying the virus could be repatriated, would not apply to those holding permanent residence in SA.

Watermeyer said now that the advertising contract for the AIDS publicity and information programme had been awarded, a pre-launch evaluation campaign would be undertaken in the next few weeks to evaluate knowledge of the virus and its spread and attitudes towards it.

Large budget

This was important, because a campaign that did not effectively change attitudes and educate people was worthless, he said.

Watermeyer would not reveal the amount of the budget for the campaign — which would make use of all media nationally — but said it was considerable.

Ads on Aids 'won't shock'

By HAMISH McINDOE

THE Government's multi-million-rand AIDS campaign is to be launched in six weeks — and it will not be a shocker.

The advertising agency hired to tell South Africa about AIDS disclosed this week that the campaign will accentuate the positive aspects of safe sex.

"It's not a terror campaign aimed at frightening people out of their wits," says McCann Group vice-chairman Tim Bester.

The campaign's outline is being kept secret until the message hits the media early in the new year, but all South Africans will be targeted and not just the high-risk AIDS groups.

Onslaught

"We're not out to create social and political negatives. It's a safe sex campaign for self-survival," says Mr Bester.

He strongly rejects the shock tactics used in the British Government's controversial R40-million advertising onslaught against the spread of AIDS.

"The danger about the British campaign was that highly promiscuous people just didn't fear AIDS. It also created feelings of paranoia and guilt among sexually healthy people, and we wanted to avoid that."

As matters stand, mention of condoms as a means of cutting the AIDS risk "may or may not be used".

The Department of National Health and Population Development will fund the campaign.

Original

The man behind McCann's AIDS campaign is Kevin Klynhans, one of the agency's top creative men, who "had a brainwave over a drink".

"That was eight months ago," says Mr Bester. "Kevin's idea was so original that we decided to adopt it.

"The Government was approached with the idea some months ago and asked to remember us if it decided to launch an AIDS media campaign."

Four advertising agencies recently made presentations to the department after being shortlisted from more than 30, and Mr Klynhans's idea won the day.

Tragic Baaij was 'sent home to die'

Sunday Times Reporter

AN art teacher at an exclusive girls' school died this week five months after being told he had AIDS.

An emaciated 28-year-old Mr Laurens Baaij had lost half his body weight since July.

He weighed only 35kgs when he died.

He could no longer talk, eat or walk, and all medication had been stopped, according to a friend who saw him a few days ago.

And as friends and family mourned what is believed to have been the Free State's first AIDS fatality, another victim was admitted to Bloemfontein's Pelonomi Hospital with symptoms of the killer disease.

Until July this year, Mr Baaij taught art at Eunice Girls Primary School in Bloemfontein.

He was then admitted to the Universitas Hospital for treatment of a duodenal ulcer and gastro enteritis. Further tests showed that he had AIDS.

A close friend who cared for him until he was re-admitted to the Univertas Hospital three weeks ago said he was "sent home to die" in September.

The superiintendant at the Pelonomi Hospital, Dr G J Viviers, confirmed that a man with symptoms of AIDS had been admitted.

"It has not been finally proved that the man has AIDS; all I can say is that we have one positive case," Dr Viviers said.

Moonraking!

MORE than 100 property speculators have each paid a Michigan businessman 28 dollars (R55) for the deeds to five-acre plots of land ... on the moon!

New drug: city Aids victim discharged

Cape Times 16/12/87

Staff Reporter

OF THE two city Aids sufferers who have been undergoing treatment with the experimental drug AZT recently, one has "been doing reasonably well" and has been discharged from hospital.

But, according to Dr Frank Spracklen of the National Aids Advisory Group, dosage of the strictly controlled, costly and toxic drug has had to be reduced for the second patient, who was not responding well to treatment.

"AZT is the most effective drug there is. It stops the Aids virus from multiplying, but it is toxic," Dr Spracklen said yesterday.

Because of its toxic nature, treatment with AZT has to be strictly controlled.

Permission for treatment had to be obtained from the Cape Provincial Administration's Department of Hospital Services on the recommendation of the medical superintendent of the hospital where the men were treated.

Supplies of the drug have been flown to the hospital from the United Kingdom.

92

Women alter sex lives for fear of Aids

Own Correspondent

LONDON. — Women have drastically altered their sexual habits to come to terms with the fear of Aids, a new survey has revealed.

Seven out of 10 are playing it safe, most by sticking to one partner and insisting he uses a condom.

But a sizeable minority are so scared they have given up sex altogether.

The survey, by the US magazine Glamour, shows three women out of four now fear an aids epidemic among heterosexuals, against 56% a year ago.

Of the single women in the survey, seven out of 10 said they have become more cautious about sex.

Two out of three said their main defence was to be more selective about partners, but 21% also insist on partners wearing condoms.

Celibate

Another 11% admitted they had turned celibate and 22% said they opted to stick to one partner.

The women took a tough line on Aids victims, with 84% backing mandatory testing and 52% saying health workers had the right to refuse treatment.

Views were split on how Aids has affected marriage — 27% feared they would never marry, while 43% felt the crisis encouraged marriage.

Half the married women surveyed said fear of Aids had helped them to stay faithful.

Mr William Rubinstein of the US Civil Liberties Union's lesbian and gay rights project, said he was concerned by the results, which showed 26% think Aids can be caught by casual contact.

"It's good that they are practising safer sex," he said. "But it also points out the need for an education campaign."

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383 - HAIRDRESSING TRADE, KIMBERLEY.

Superceding w.d. no: 327

AREA: Kimberley.

Footnotes

1. Overtime - Work on Sundays and Public Holidays is prohibited.

Surgeon has 'cure for Aids'

CAIRO — An Egyptian surgeon believes he may have found a new drug which can cure the killer disease Aids and says it has proven effective on 33 patients in Zaire.

He said some of them had used the drug without side-effects for the past eight months, but it could not yet be declared a total solution to the deadly virus.

Professor Ahmed Shafik (53) said that the drug, called MM-1, was non-toxic, attacked the Aids (acquired immune deficiency syndrome) virus and restored the body's immune system which the virus destroys.

Development of the drug was announced last month in Kinshasa where Zaire's Information Minister, Mr Mandungu Bula Nyati, said it resulted from close co-operation between Egypt and Zaire.

He said he started work on the drug three-and-a-half years ago.

He started tests in May on two groups aged between 13 and 53. Of the first group of six women and 13 men who underwent a 40-day treatment, 12 were declared normal and later returned to work, he said.

Researchers could not follow up on two patients and the remaining five died, "but from causes unrelated to the drug", he said.

All 19 patients in the second group who did not receive the new treatment died, he said.

The test was repeated in October on 46 patients in two groups. All 23 treated by traditional medication died, while 21 injected with the new drug were still alive and well, he said. Two who received the treatment died of diarrhoea-related causes. — Sapa-Reuter.

Big State anti-Aids drive — but don't mention condoms

Weekend Argus Correspondent

JOHANNESBURG — The Government is to sink millions of rands into a nationwide anti-Aids drive to be launched next month . . . but will not even mention, let alone recommend, the use of condoms, regarded as the best general preventive measure against the killer virus.

While South Africa's condom industry is doubling production next year in view of the looming African Aids threat, condoms are taboo as far as the Department of Health campaign is concerned, top sources said this week.

Advertising agencies involved in producing the campaign refused to disclose details, but some pointers emerged this week.

According to an industry source the anti-Aids campaign was being pushed with such urgency that advertising and media liaison staff will be battling through the festive season to get the campaign package on its feet by mid-January.

Recent figures showing increases of Aids among blacks and Asians inspired the urgency, it is understood.

As part of the campaign — described as "dynamic but low-key" and with none of the hysterics that have marked campaigns abroad — there will be regular warnings on television and in newspapers.

The Government still has to make a final decision on how the campaign should be fine-tuned to the needs of whites and blacks.

At present the disease is confined mostly to homosexual men among whites, and heterosexuals of both sexes among blacks, while a recent check among Indian men in Johannesburg showed half those infected to be homosexual and the other half heterosexual.

With such divergencies the campaign obviously has to address different needs among population groups.

The campaign is to be unveiled at a media conference in Johannesburg next month. The country's top health and Aids experts are expected to attend.

● It is reported from London that hundreds of thousands of British schoolboys and girls are being warned of the dangers of Aids and the pitfalls of sex in a frank and sometimes shocking Government video.

Aids expert: Campaign 'crucial'

Cape Times 21/12/87

92

Own Correspondent

JOHANNESBURG — Concern over the government's approach to the campaign against Aids mounted at the weekend and an Aids expert warned the syndrome was too grave to pander to the moral sensitivities of a minority of the population.

A government-supported anti-Aids drive is to be launched next month.

Dr Dennis Sifris, head of Johannesburg Hospital's Immune Deficiency Clinic and a member of the Aids unit at the SA Institute for Medical Research (SAIMR), said the question of offending a minority of the population could not take precedence.

He was reacting to a Sunday newspaper report suggesting government would soft-pedal on promoting the use of condoms in its official campaign because of possibly offending public morality.

The report comes in the wake of the launch of a public service campaign by an ad agency which felt the National Health department's approach to Aids may be apathetic.

Using phrases such as "Wake up to safe sex before you wake up with Aids", the company has not been squeamish in its approach to promoting condoms.

Dr Ruben Sher of the SA Institute of Medical Research said it was impossible to know what the ideal campaign should be but to be effective it should be explicit.

The shock tactics used in the British campaign had failed to change people's behaviour but it had alerted people to the facts about Aids.

● Any ongoing Aids campaign would have to mention condoms as the only preventative measure available, Dr Frank Spracklen, a member of the National Aids advisory group said yesterday in an interview with the Cape Times.

Dr Spracklen said: "It would seem to me that it is unclear what form the campaign would take but any ongoing campaign, which is essential, would have to mention the use of condoms."

He also expressed surprise the information on condoms as "it was no official".

"The success of an ongoing campaign would require the combine forts of the goverment and the pr sector."

A national Aids foundation c formed to implement the cam should be equally funded by ment and the private sector. also be nationwide and ind

CALL IMEL C

'Poppers increase chance of Aids'

Own Correspondent

LONDON. — One of the world's leading Aids experts has claimed the sex drug Amyl Nitrate — known as "poppers" or "rush" — can increase the risk of contracting Aids.

The drug was named by American Professor Gui Newell, one of the leading researchers into the killer virus.

Professor Newell was giving evidence at the Horseferry Road Magistrates' Court, London, at committal proceedings against six men in connection with the manufacture and supply of Amyl Nitrate.

"It is my first belief that susceptibility to the Aids virus is increased by the inhalation of nitrate . . . or that it increases the susceptibility for Aids to be expressed as a clinical disease," he said.

22/12/87 Bl day

92

Condoms all right, says NGK

DIANNA GAMES

THE Ned Geref Kerk (NGK) did not object in principle to the use of condoms, NGK moderator Johan Heyns said yesterday.

He said it was therefore "most unlikely" there would be an outcry from the church should government take a strong line on promoting condom use in its AIDS awareness campaign.

Heyns was commenting on reports that government may soft-pedal on the issue to avoid offending members of the community, notably its Calvinist white supporters.

Government spokesmen dealing with the campaign — due to be released early next year — are away and could not be reached for comment on what approach the campaign will take or its cost.

A figure of R2m for the campaign has been mentioned by a Pretoria newspaper, but National Health director-general Dr Coen Slabber said the figure was not that high.

Dr Frank Spracklen, a member of the AIDS Advisory Group, said he envisaged a National AIDS foundation to implement an awareness campaign, which would be equally funded by government and the private sector.

He said it should be national and independent of government control, but complementary to government's proposed campaign.

AIDS ads 'should be explicit'

92
Bday
21/2/87

CONCERN over government's approach to the campaign against AIDS mounted at the weekend and an AIDS expert warned the syndrome was too grave to pander to the moral sensitivities of a minority of the population.

Dr Dennis Sifris, head of Johannesburg Hospital's Immune Deficiency Clinic and a member of the Aids unit at the SA Institute for Medical Research

DIANNA GAMES

(SAIMR), said the question of offending a minority of the population could not take priority over the grave situation facing South Africans on the issue of AIDS.

He was reacting to a Sunday Star

● To Page 2 ⇨

Govt's AIDS ads 'need to be explicit'

92

report suggesting government would soft-pedal on promoting the use of condoms in its official campaign because of possibly offending public morality.

The report comes in the wake of the launch of a public service campaign by ad agency Freedman Rossi/BBDO, which felt the National Health Department's approach might be apathetic.

The company has not been squeamish in its approach to promoting condoms.

Sifris said it was most important that

⇦ ● From Page 1

people understood the severity of the problem.

Calvinistic opposition to the promotion of condoms manifested itself earlier this year with an outcry by church groups over the installation of a condom-vending machine in a Pretoria nightclub. The machine was subsequently withdrawn by police who maintained it contravened the Liquor Act.

television sets, par...

From page 1

profits would be affected. But the option of disinvesting had not been canvassed, he said.

"A true multinational does not pull out that easily, and in the absence of legislation forcing Colgate to leave, it will stay in South Africa as long as it feels it can make a contribution."

The managing director of Unisys, Mr Jack Horton, said the provision was extremely harsh and went contrary to a "capitalist business context". However, he said, the impact was not great enough to force strong and viable business entities to disinvest.

"The companies that will be hardest hit will be those who will have been operating on a marginal profit line for some time."

The managing director of Hewlett Packard, Mr Patrick Landey, said the reaction from the company's American parent had been "very low key". There had been no change to Hewlett's ability to do business in South Africa, he said.

Meanwhile, Sapa-Reuter reports that Assocom president Mr Alec Rogoff has described the provision as "counter-productive, and motivated by politicians promoting their own political standpoints rather than the good of South Africa".

"It is counter-productive. It will not create jobs, it will destroy them. Some companies will no doubt be forced by this measure to disinvest."

Experts say AIDS may be widespread in SA

Govt 'endangered tens of thousands'

92
Bldeny
23/12/87

KIM IRVING

LONDON — Britain's leading AIDS specialists have charged SA's government with endangering the lives of tens of thousands of people by catering to the "puritanical minority" and not promoting the use of condoms during sex.

They said the omission was "blatantly ridiculous" and warned the virus could be widespread in SA.

Dr Charles Farthing, a leader in the field of AIDS treatment, has warned SA's proximity to countries with a high infection rate made it vulnerable. He said it was "indefensible" that SA's government did not launch a campaign years ago.

Another specialist researcher into the disease said recent government legislation allowing for compulsory testing for the disease would send it underground.

Farthing said any awareness campaign that did not promote the use of condoms would be 80% ineffective.

He said a successful awareness campaign had to include television coverage and a telephone hotline for people who wanted additional advice and information.

And any campaign had to cater to all language and cultural groups.

Farthing said because SA was close to Zambia and Zaire, both of which had a high infection rate, "it is indefensible not to have started a campaign years ago, but I am glad they are doing it now".

Panos Institute AIDS and development section senior researcher Martin Foreman said research showed poorer standards of health care led to the spread of the disease. SA's medical facilities for blacks could fall into that category.

Foreman said: "AIDS spreads faster when medical care is poorer. Poorer people tend to go for treatment later, carry the disease for longer and pass it on to other people.

"The government is obviously responding to its power-base in the sense that its power comes from a more puritanical minority.

"The number of cases of AIDS at present does not reflect the situation now, but the situation five years ago. In some cases, it lies dormant for up to 10 years."

He said an October 30 Government Gazette allowing mandatory AIDS testing of foreigners would drive the disease underground.

☐ A mobile AIDS team has gone into action in Britain to provide counselling and support at home for AIDS sufferers and their families and friends, reports Sapa-Reuter.

...nd a look at th

Scientists: Aids cure is years away

92

Cape Times 29/12/87.

WASHINGTON. — About 25 potential Aids vaccines are in testing programmes as the new year begins, though scientists believe a proven vaccine is years away.

But American experts say one treatment of limited effectiveness is widely available and other, better drugs that may reverse some of the killer disease's symptoms are believed to be near a point where they can soon be distributed.

With 128 countries reporting cases, the number of people with Aids reached an estimated 150 000 worldwide by the end of 1987.

In 1988 the number suffering from the illness will double to some 300 000 people, the World Health Organization said this month.

A further five million to 10 million individuals have become infected with the Aids virus but have yet to come down with the disease itself, the organization said.

The search for a vaccine is hampered by the complexity of the virus and a shortage of suitable test animals, Dr Robert Gallo, a top US Aids researcher, said at a recent conference.

Dr Gallo, the co-discoveror of the Aids virus, said the chimpanzee and the gibbon are the only animals known to become infected with the human Aids virus.

So far US authorities have approved two vaccines for testing on human beings. Both are still in the early stages of experiment.

A third potential vaccine, being studied by French scientist Dr Daniel Zagury, has shown only a limited ability to bolster the body's defences against infection, Dr Zagury said at a recent conference here.

Dr Zagury, who attracted worldwide attention when he injected himself with the experimental vaccine, said the substance may be no more than a prototype of an eventual vaccine.

Aids sufferers have been encouraged by the growing acceptance worldwide of AZT, a relatively new drug that eases the symptoms of Aids and prolongs victims' lives.

First approved for sale in early 1987 in Britain, it is now licensed for sale in 37 countries and is being administered to an estimated 19 000 Aids patients worldwide.

Though very expensive and highly toxic to a large proportion of Aids sufferers, it has helped many others by restoring brain function, strengthening the immune system and permitting the resumption of useful lives.

Armed with 54 weeks of clinical data on AZT, Dr Samuel Broder of the US National Cancer Institute recently said AZT produced "a profound difference in survival rates".

"There is a significant dampening effect on the death rate," he added.

Dr Broder said a second compound now in early testing stages on human beings, called DDC, was being used in conjunction with AZT in an effort to minimize AZT's toxic side-effects.

A number of other compounds thought able to kill or block the Aids virus or provide some relief are in various stages of development around the world.

With only limited treatments available and a vaccine still years away, public health officials have turned to educational campaigns as their primary weapon against the spread of Aids. — Sapa-Reuter

ATAL and CAPE 80c (71c + 9c tax)

(92) 29/12/87 b/day.

A TIME

SA consul warns of AIDS 'scam'

SIMON BARBER

WASHINGTON — The SA consul-general in Los Angeles has warned American investors to stay clear of Gert van Zijl, a fellow countryman who is touting a soap claimed to prevent AIDS.

Van Zijl was "on the periphery" of the nationwide Kubus scam run by brothers Frans and Gert Theron, consul Victor Zazeraj said.

"I would discourage anybody from investing in any of (Van Zijl's) enterprises. His track record is enough to tell people to stay away," Zazeraj said.

Van Zijl is the owner of Meditrend International, a Mission Valley, California, company whose product lines include a hand soap alleged to kill viruses and a supposedly appetite suppressant bandage.

A spokesman for the Food and Drug Administration in Washington, Don McLearn, said the products had not been licensed and Meditrend was being investigated for fraudulent advertising claims.

Mac McKnight, a spokesman for the company, confirmed the soap had orginally been advertised as effective against AIDS but the claim had been dropped because it was "too controversial".

McKnight said Van Zijl was not available to comment because he was on the road recruiting "1 000 salespeople".

Meditrend uses a "pyramid" sales system akin to the Kubus scheme.

The company was formerly associated with Biomedican, a Nevada-Incorporated firm. The two entities jointly marketed an AIDS test kit which is currently being investigated by the California Attorney General's AIDS Fraud Task Force.

HEALTH AND DISEASE — Venereal diseases

1987

JULY ——— SEPT. →

R196m given to fight Aids

(92)
Cape Post 1/7/87

PARIS — The World Health Organisation (WHO) said this week it would devote $98-million (R196-million) in the next 18 months towards fighting Aids.

The money — $34-million (R68-million) this year and $64-million (R118-million) in 1988 — would fund worldwide programmes to teach people how to avoid being infected, the leader of a WHO research team, Jonathan Mann, told a news conference.

He said the WHO would give the money to the United Nations Educational, Scientific and Cultural Organisation (Unesco) to help it fund teaching programmes.

Speaking at Unesco headquarters at the start of a three-day meeting on Aids, Mr Mann said the WHO had records of 52 000 Aids sufferers in 118 countries but believed the real figure could be three times as high.

He said his organisation hoped to halt the spread of Aids by teaching prevention, since there was no vaccine and no effective treatment. — Sapa-Reuter

12 cases of Aids this year

JOHANNESBUG — Twelve new cases of Aids have occurred among South Africans so far this year, according to the Advisory Group on Aids.

It had been calculated that up to 40 cases could be expected in 1987, the group said in a statement released today.

The cases seen so far this year brought the total number of Aids victims among South Africans since 1982 to 55, of whom 38 had died.

Of these patients, 48 had been homosexual or bisexual men, two heterosexual men who were exposed to the virus in central Africa, two blood tansfusion cases and three haemophiliacs.

The group said it was "remarkable" that so far no cases of Aids had been reported among black South Africans. It was inevitable, however, that Aids cases would ultimately be found in this population group. — Sapa

12 new AIDS cases this year

(92) B Day

Business Day Reporter

TWELVE new cases of AIDS have occurred among South Africans so far this year, says the AIDS Advisory Group.

And it believes a total of at least 40 cases can be expected this year.

Cases this year bring the total in SA since 1982 to 55. Thirty-eight have died, the group says.

Of the total number of cases confirmed, 48 have been homosexual or bisexual men; two were homosexuals exposed to the virus in Central Africa; two blood transfusion cases, and three haemophiliacs.

The group has established regional sub-groups in most of SA's main centres to collect and collate data in their regions and to co-ordinate and standardise antibody testing.

21/1/87

AIDS tests without consent

LONDON — The British Medical Association has decided to allow doctors to carry out tests for AIDS without patients' consent, despite objections by many physicians that this is unethical.

Delegates to the BMA annual convention in Bristol cheered yesterday when a London anaesthetist said doctors had the right to protect themselves and their families from AIDS infection.

Aids: Blacks warned

TWELVE new cases of Aids had occurred among South Africans so far this year, according to the advisory group on Aids.

From the 1986 figures it had been calculated that up to 40 cases could be expected in 1987, the group said in a statement this week after a meeting in Durban.

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Of these patients, 48 had been homosexual or bisexual men, two heterosexual men who were exposed to the virus in central Africa, two blood transfusion cases and three haemophiliacs.

The group said it was "remarkable" that so far no cases of Aids had been reported among black South Africans.

It was inevitable, however, that Aids cases would ultimately be found in this population group.

The advisory group had also taken an important step towards the further implementation of its functions by the establishment of regional sub-groups in most of the main centres, the statement added.

The main function of the sub-groups is to collate data in their regions. – Sapa.



Trust.

CAPITALS 7/7/87

Chamber to move on Aids

Own Correspondent

JOHANNESBURG. — The Chamber of Mines is expected to release soon a new policy on the handling of Aids in the mining industry.

The chamber has come under extreme pressure from government to repatriate all Aids carriers and to cease recruiting from areas — particularly Malawi — where the disease is prevalent, since the matter was raised in Parliament last month by the Conservative Party.

The chamber has been discussing the issue at the highest levels within its structures and, according to a spokesman, has been involved in ongoing discussions with the Department of Health.

Present chamber policy is clinically to assess and counsel carriers. Their services would be terminated only when they were clinically unfit to work.

In addition, it is chamber policy to screen potential new employees from Aids-prevalent areas.

The spokesman says the chamber does not have any new data on the prevalence of Aids in the industry since a study in August, based on 300 000 blood tests, which showed that about 800 workers may be carriers. Of those, 760 were from Central Africa.

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CAPE TIMES 7/7/87

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Too late for classification

(92) 7/7/87 Sday

Mines AIDS statement soon

ALAN FINE

THE Chamber of Mines is expected to explain soon its stance on the AIDS situation in the mining industry.

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Underwriter forecasts 'anti-selection' policy

AA Mutual demand Aids test for clients

By Dan Side

A major insurance company, AA Mutual Life, is demanding an Elisa test for Aids on life policies offering benefits in excess of R300 000.

An underwriter for another firm predicted last night that "in time others will follow suit in asking for the Elisa test, but at what level I would not hazard a guess".

In the case of invariably fatal Aids, insurance companies feared "anti-selection" — the industry name for the practice which a person already suffering from a terminal disease obtains life insurance under what amounts to false pretenses.

FAILING TO DISCLOSE AIDS

The applicant, if he is a diagnosed Aids sufferer, merely fails to disclose he has a deadly illness, and by paying huge premiums for a short time attempts to secure immense benefits for his beneficiaries.

Under the terms of most policies, said the underwriter, his company would be obliged to pay out the beneficiaries of an Aids victim, if the insured person took out the policy in good faith, unaware of an infection or any other impairment to his health.

However, with Aids rapidly becoming endemic throughout Africa, insurance companies are moving to protect themselves, and their policyholders, from future events that could otherwise bury them under an avalanche of claims.

Mr Dick Geary-Cook, executive director of the Life Officers Association, said from Cape Town yesterday that a series of inter-officer agreements had recently been sent out outlining the types of questions to be asked on proposal forms.

He said specific questions would be asked and these, if answered truthfully, would lead an underwriter to either assume the applicant had Aids, or was liable to contract Aids.

"If there is sufficient suspicion of the presence of Aids," he said, "the applicant could be treated like any other high-risk category — he could either be refused cover, or his premiums could be loaded.

"It would be logical to assume then, that a 30-year-old, single, male homosexual would find it impossible to obtain life insurance."

Last night a major company staged a symposium for their staff, to increase their knowledge of Aids.

Insurer wants Aids test for big policies

JOHANNESBURG. — A major local insurance company, AA Mutual Life, is insisting on a test for Aids on life policies worth more than R300 000.

"It is basically for the protection of our existing policy-holders," said Mr Bruce Howard, assistant general manager, marketing. "If we had to pay out benefits on a string of policies to Aids victims, then the benefits due to other policy-holders would obviously suffer."

AA Mutual Life is the first SA life office to demand a test as a matter of course. Other life companies are, or intend, asking Aids-related questions on proposal forms, but are not as yet considering making tests mandatory.

A source in one of the big life companies described AA Mutual Life's move to test for the virtually uninsurable disease as "drastic".

Mr Howard said he knew a number of other insurance companies included a question about Aids in forms clients had to fill in, but he did not know if any others demanded tests.

"We also ask the question about Aids in our forms, and we are only insisting on tests for policies involving more than R300 000 — which is a, comparatively small number of our clients. The average man in the street is generally looking at a much lower sum."

The decision had been taken on the advice of the company's re-insurers, who had pointed to the growing incidence of Aids world-wide. Many overseas companies now demanded Aids tests on large life policies. — Sapa and Own Correspondent.

All you need to know about Aids

9-14/7/87 (92)

IF YOU have any problems regarding your health, the law, unemployment or repression, write to SOUTH ADVICE, P O Box 13094, Sir Lowry Road, 7900. Experts in each field will answer your questions in upcoming issues.

AIDS is not only a "gay disease" — people other than homosexuals are at risk, according to a health workers who has worked with Aids patients.

Dr Peter Lurie told SOUTH that this was demonstrated by the fact that in Africa, the Acquired Immunodeficiency Syndrome, was mainly a heterosexual disease, whereas in the United States it was found primarily amongst homosexuals and intravenous drug abusers.

Warning against the "hysteria" around the disease, he said Aids was 100 percent preventable and that most people had little or no chance of getting it.

"Each new case is a testimony to the failure of public education about Aids," he said.

"People have heard enough about the dangers of Aids," he said.

WHAT IS AIDS?

AIDS is an invariably fatal disease transmitted by the Human Immunodeficiency Virus (HIV) in which the body's immune system is impaired, making it vulnerable to various rare infections, tumours and nervous system disorder, Lurie said.

"Up to one third of HIV infected people will go on to develop Aids."

HOW IS THE VIRUS TRANSMITTED

IT has been shown that Aids is not only transmitted by homosexual contact, it is also transmitted by heterosexual contact, receiving infected blood or blood products, intravenous drug abuse and from an infected mother to her offspring.

WHO IS AT RISK?

AMERICAN Centres for Disease Control which encounter numerous cases of Aids have identified the following as high-risk groups:

Homosexual and bi-sexual men; present and past intravenous drug abusers; recipients of blood and blood products; persons with clinical or laboratory evidence of HIV infection; male and female sexual contacts of the above, and the offspring of infected persons.

"All other people have a negligible risk of being infected," Lurie said.

IS AIDS TRANSMITTED BY KISSING?

"TO date no person has been shown to acquire HIV infection by kissing of any sort," Lurie said.

While kissing in which no saliva is exchanged entails no risk, he warned that some infected people have been known to carry HIV in their sailva.

"It is probably best to avoid 'French kissing' such a person," he said.

CAN AIDS BE SPREAD AT WORK?

HEALTH care workers are at a small risk as they may be exposed to the body fluids of infected patients.

"To date, of the tens of thousands of workers who have cared for Aids patients, including hundreds who have suffered needle scratches with infected blood, only there have evidence of HIV infection and none has developed Aids.

SHOULD AIDS PATIENTS BE QUARANTINED?

ACCORDING to research, says Lurie, there is no medical basis for placing Aids patients in separate hospital wards or for restricting their entry to restaurants, public buildings, homes, etc.

"There is similarly no medical justification for excluding infected children from school unless they lack control of their body secretions or behaviour," he said.

HOW CAN AIDS BE CONTROLLED?

PREVENTION and education are the watchwords, according to Lurie.

"The blood supply is now tested, so the chances of receiving an infected transfusion are essentially nil."

Lurie said intravenous drug abuse (especially involving needle-sharing) should be avoided. Women who belong to "high-risk groups" should consider being tested before conceiving children.

"Male homosexuals should consider forms of sexual stimulation that do not involve exchange of body fluids," Lurie said.

"If one's partner belongs to a risk group, the wearing of condoms during sexual intercourse is probably advisable although there exists to date no absolute proof that it will protect against infection."

Lurie stressed, however, that HIV infection was difficult to acquire and that adopting these precautions can reduce one's risk.

Chamber in new move on AIDS

ALAN FINE

THE Chamber of Mines said yesterday it was giving serious consideration to "adjusting" its policy on AIDS in the mining industry, and hoped to meet with government later this month to discuss "legal and other problems which have to be overcome if the Chamber is to revise its policy."

The Minister of Health last month told the Chamber all migrant carriers of the AIDS virus on the mines should be repatriated.

The industry's policy is to repatriate only mineworkers who develop AIDS and become too ill to work, while counselling and retaining the services of those found merely to be carriers of the virus.

The main legal problem to which the Chamber refers appears to be employment contracts. But carrying out government's wishes might present ethical and industrial relations difficulties as well.

In its statement yesterday, the Chamber said it hoped a satisfactory arrangement would emerge from talks with the Minister and the Department of Health.

Meanwhile, it said, "the industry is continuing to monitor the situation."

9 Aids cases among miners

Cape Times 13/7/87

Own Correspondent

92 200 Zip

JOHANNESBURG. — Nine cases of Aids — five of which resulted in deaths — had been diagnosed among workers in the mining industry, the Chamber of Mines said in a statement at the weekend.

The chamber was reacting to a newspaper report alleging 1 000 cases among the 750 000 miners.

The chamber said 900 miners had been identified as carriers and were being counselled to prevent them from passing on the disease.

STORIES ON AIDS FALSE - MINE BOSSES

92
Speaker
14/7/87

ONLY two cases of AIDS had been recorded in the South African mining industry, although there were up to 1 000 carriers of the virus, the Chamber of Mines said at the weekend.

Responding to Press reports that there were 1 000 confirmed cases of AIDS on SA mines, a chamber spokesman said the reports were "totally untrue".

The reported figure of 1 000 confirmed cases "probably arises from a misinterpretation of an announcement by the Chamber of Mines last August that a comprehensive AIDS prevalence survey had indicated that there were up to 1 000 carriers in the industry, principally workers from Central Africa."

These "perfectly healthy" carriers had all been identified "and are being counselled so as to prevent any possibility of AIDS or HIV virus being passed on to others."

There were presently only two cases of AIDS in the South African mining industry which has a workforce of over 756 000, the chamber added.

In the past year there had been a total of nine cases in the industry, five of whom had died; two others repatriated and two who were currently being given therapy prior to being sent home.

Therapy

The "best" medical advice given the industry at the time of the survey showing up to 1 000 carriers of the virus AIDS, was that, provided certain steps were taken, the relatively small number of carriers would not impose any significant danger.

The steps taken by the mining industry included counselling, close monitoring of workers from high risk AIDS countries and on-going education of the workforce.

The chamber said the carriers in the mining industry "should be seen against a perspective of many times that number of AIDS carriers among the male homosexual white population in South Africa as a whole."

Carriers

But the chamber also said "some pressure" was now being put on the industry to review its policy of retaining the services of AIDS carriers. This question would be discussed in talks between the chamber and Government in the next few weeks.

"In the meanwhile there is no evidence of any spread of AIDS in the industry, where it is more closely monitored than anywhere else in South Africa." — Sapa.

Risks caused by gaps in Aids testing

By CHRIS ERASMUS

SEVERAL South Africans have been infected with the virus that causes Aids because of loopholes in the system set up to protect blood-transfusion recipients from blood infected with the virus.

This was disclosed by blood-transfusion authorities who told the Cape Times yesterday that at least 36 people — six of the them Capetonians — had been given transfusions of blood from people later identified as Aids virus (HIV) carriers.

The loophole was exposed after routine screening showed that some donors — about 12 in Cape Town and 13 in Johannesburg — had HIV antibodies.

Testing of donations for Aids antibodies was introduced in the country's transfusion services between August 1985 and early 1986. The loophole which led to the exposure of blood recipients lies in donations made to transfusion services before testing was introduced.

According to the medical director of the Western Province Blood Transfusion Service, Dr Pat Coghlan, there is no way to tell whether the infected donors were carrying the virus before the introduction of the antibody tests.

In confidential memoranda sent to the exposed patients' doctors, Dr Coghlan said it was "possible that some individuals who now have a confirmed positive test for anti-HIV (antibodies to the Aids virus) could have been infectious at the time of the previous untested donation".

Confirmation by the medical director of the SA Blood Transfusion Service in Johannesburg, Dr Robert Crookes, that "fewer than 10" of the 30 people exposed to untested blood had indeed become HIV antibody positive indicates that Dr Coghlan's prediction was ominously accurate.

To page 2

From page 1

Aids

Another loophole in the system lies in the time lag — ranging from three weeks to three months — between a person becoming infected with HIV and the time that infection can be shown by tests.

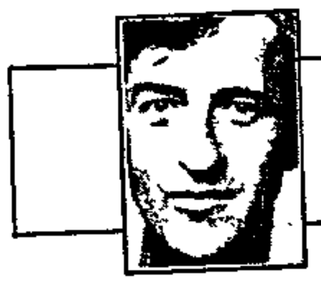
Dr Coghlan admitted that there was nothing that could be done now or in the near future to close this "window" through which Aids-infected blood could be transmitted. But, he said, the chances of a recipient of blood or blood products becoming infected through either loophole were "infinitesimal".

While no cases of a "million-to-one" HIV infection being caused by infected blood slipping through the "window" were yet on record, it was "a problem which we are inevitably going to face", he said.

□ Dr Ruben Sher of the SA Institute of Medical Research said 75 cases of full-blown Aids had been recorded in South Africa so far, two of whom had contracted the disease from blood transfusions.

"A number of other people have picked up the infection, but to put this thing into perspective, it's much more dangerous to get in your car and drive somewhere or cross the street than to receive a blood transfusion."

To segregate or educate that is the Aids question



Columnist WILLEM STEENKAMP takes a look at the Aids epidemic.

GREGATE — or edu-
e? That is the burning
estion as more and
ore South Africans
gin to face up to the
mmest reality of the
th Century: That in the
rm of acquired im-
une-deficiency syn-
ome (Aids) the world
and particularly
rica — faces an indis-
iminate and well-nigh
nstoppable killer
sease.

The Aids story reads
ke a science-fiction
ovel.

A few years ago it ap-
eared out of nowhere.
t first it appeared to
rike only at homosex-
als.

Now it has tran-
spired not only
that heterosex-
als are also suscept-
ble, but also that it has
eached pandemic pro-
ortions in Africa, with
0 000 deaths.

In Uganda, according
o the magazine Inside
outh Africa (ISA), 30%
of the population is
hought to be infected
and literally thousands
of people have died or
are dying; in one Kampa-
la hospital 70% of all
pregnant women were
found to be infected.

In Kenya 88% of all
prostitutes have the
virus, ISA says, while
there are an estimated
50 000 carriers in Zaire
and as many as 16% of
the Zambian population
might be infected.

The "worst-possible"
scenario is that large
parts of Africa will be
largely depopulated by
the end of the century.

South Africa is still
relatively un-
touched, but that is
cold comfort: ISA quotes
a leading anti-Aids
medical worker as esti-
mating there are now
7 000 carriers of the
virus in South Africa.

The figures prove that
drastic and energetic
measures are necessary
to combat Aids or even
contain its spread — but
there is no unanimity on
the methods to be adopt-
ed.

At the moment there
are two alternatives un-
der discussion.

The first is to give the
authorities powers to
test for Aids, require
that the disease be re-
ported and if necessary
to quarantine carriers.

The other is to educate
both those who carry the
virus and those who do
not.

A strong local advo-
cate of the educational
approach is Mr Leon
Linz, a member of the
Gay Association of South
Africa — 6010 Aids Ac-
tion Group counselling
and information service,
who recently decried as
"strident" a call by this
writer for consideration
to be given to the manda-
tory testing, reporting
and quarantining of
Aids cases.

Mr Linz pleads for
"a greater insight
into an issue
which can well do with-
out sweeping emotional-
ism, unreasoned and il-
logical, not to mention
utterly impractical and
financially impossible,
suggestions".

He went on to add that:
"Aids is at present in-
curable but can be easi-
ly prevented by rather
safe and simple means
...

"I would like to know
whether you are aware
of the implications of
your suggestions for isolating people with AIDS.

"Who would you like to
isolate? Only those with
full-blown AIDS or
everyone testing posi-
tive for the HIU virus?

"Given that only a cer-
tain percentage of all
HIU carriers go on to get
full-blown Aids, how on
earth do you justify
keeping a perfectly
healthy yet virus-carry-
ing person in quarantine
simply because they
have the potential to
pass on the virus?

"Consider, too, for a
moment, the logistics in-
volved in locking thou-
sands of people up. Be-
sides being totally
unworkable, have you
stopped to think of the
economic consequences
of such a move?

"Putting aside the
moral, ethical and socio-
psychological issues for
now, it may be worth re-
flecting on the effect of
removing thousands of
productive citizens from
the workforce.

"I'm afraid that your
idea is really not on. If,
as I have had the oppor-
tunity of doing, you were
able to meet people who
are HIU positive, I think
that you would soon
change your mind.

"Those responsible
enough to have sought
counselling would find
your appeal utterly ab-
horrent. Granted, there
are those who do act ir-
responsibly, but is it
really necessary or in
any way justifiable, to
throw everyone into a
concentration camp be-
cause of the actions of a
few?

"There is most certain-
ly an alternative to the
rather naive call for
'strict quarantine' and
that involves education.

"Unfortunately, the
government response to
Aids in this country has
been nothing short of an
utter disgrace.

"Besides setting up a
bureaucratic talk-shop
of doctors and printing
(but obviously not wide-
ly distributing) a skimpy
and inadequate booklet
on Aids, the health au-
thorities here have
shown themselves to be
largely apathetic and ir-
responsible.

"Education will not, of
course, put a stop to the
spread of AIDS, but it
will certainly be a more
constructive way of deal-
ing with the disease than
opting for the measures
you suggest."

A powerful case is
made by Mr Linz, whose
organization has been
very energetic about ini-
tiating Aids educative
measures.

However, many ob-
servers would
feel that educa-
tion should be seen as
one aspect of handling
the problem, rather than
the full approach.

The fact is that educa-
tion cannot be fully ef-
fective. For non-carriers
it will obviously work
only if they exercise uns-
leeping vigilance: one
moment of weakness in
choosing a sexual part-
ner or overstepping the
prohibition on mingling
body fluids can undo
years of watchfulness.

For carriers it only
works if they are respon-
sible enough — or re-
main unflustered
enough, once they have
apprised themselves of
the news — to take the
necessary precautions.
Again, one moment of
human weakness or
carelessness, or a it-
doesn't-matter-any-more
state of mind, and the in-
nocent suffer.

Ignorance of whether
one is a carrier is, of
course, a crucial matter
— as can be seen from
the documented case,
published in January in
US News and World Re-
port, of a heterosexual
Belgian businessman
who was a carrier and
made frequent business
trips to Africa.

Before dying of Aids
in February of
1986, the business-
man indulged in strictly
orthodox sex with 12
known casual partners,
none of them promiscu-
ous or drug-users.

So far nine of the 12
have developed Aids or
its precursor, ARC
(Aids-related complex).
Another sex partner of
one of the women also
has ARC, and it is
thought more people
have been infected.

However, there is
strong resistance to
mandatory testing.

In the United States,
for example, it has been
attacked as an uncons-
titutional violation of pri-
vacy. A counter-argu-
ment to this is that since
Aids has been proved a
menace, all sections of
the community tests are
not discriminatory or
unconstitutional.

Anti-test feelings
are also based on
personal grounds.

One US homosexual
pamphlet distributed by
Mr Linz warns that "you
have nothing whatsoever
to gain by taking the test.
Should the test show
that you are a carrier of
the Aids virus, you stand
to lose your job, your
loved ones and insurabi-
lity".

"There are also enor-
mous psychological
problems in dealing
with the uncertainties of
a test result that shows
that you have the virus."

It can be asked wheth-
er this stand is not a self-
ish one, and whether col-
leagues, employers,
relatives and insurers
are not entitled to know
that a person they em-
ploy, live or work with
carries a potentially
deadly virus.

In the US a man was
recently charged with at-
tempted murder be-
cause he donated blood,
knowing that he was a
carrier, and surely it
would be fraud for a car-
rier to take out a life-
insurance policy without
mentioning his condi-
tion?

A case can, therefore,
be made for mandatory
testing and reporting.

However, testing and
retesting would be ex-
pensive and (in the
words of one expert)
tend to drive some
people underground.

Neither of these is
necessarily an in-
soluble problem,
given a heavy pro-test
education drive, an in-
tensive effort to develop
an ultra-cheap test and a
mechanism linking tests
with the granting of
everything from mar-
riage and driving
licences to trading per-
mits.

The most difficult
problem, however, con-
cerns quarantine.

As Mr Linz correctly
points out, there are for-
midable moral, ethical,
socio-psychological and
financial aspects to be
considered.

However, to use emo-
tive phrases like "con-
centration camps" does
not encourage sane de-
bate.

Nobel Prize-winner
David Baltimore be-
lieves quarantining
would be futile because
"most Aids patients are
too sick to be transmit-
ting the virus".

This is correct, as far
as it goes, but the great-
est problem is not
people who have en-
tered the fatal stage of
the disease but those
who are carriers of the
virus.

According to Inside
South Africa, medical
experts are beginning to
doubt earlier studies
which indicated only
about 10% of carriers
eventually developed
Aids, and think the rate
may climb to 75% or even
90%.

If Aids is to be fully
contained, these are
the people who must
be prevented somehow
from spreading the con-
tagion; and the fact is
that at the moment the
only alternative to stron-
ger measures remains
persuasion.

Yet persuasion is a
poor way of reaching
people like drug addicts,
who spread the virus by
the use of dirty needles,
or prostitutes, who make
their living from casual
sexual encounters, or
teenagers tasting post-
school adulthood in to-
day's Pill-ensured sex-
ual permissiveness.

This is not to say per-
suasion/education
should be neglected: in
fact it should be encour-
aged on a massive scale.

But surely it should
not be seen as the only
method which can and
might have to be em-
ployed to fight a disease
which, unlike the older
plagues of history, will
not simply go away in
time.

● **Footnote:** Readers
seeking further infor-
mation can contact Mr Linz
through the GASA —
6010 AIDS Action Group
service, 21-5420.



PICTURE: Inside South Africa

Cape Times 15/3/87

No risk of Aids for blood donors

By CHRIS ERASMUS

NONE of the six living Cape Town recipients of blood donated by people later found to be carrying the Aids virus have become infected.

Dr Pat Coghlan, medical director of the Western Province Blood Transfusion Service, said this in the wake of the revelations that several Johannesburg recipients of blood — donated before tests for Aids virus (HIV) antibodies had been introduced — had subsequently shown signs of infection.

Dr Coghlan said yesterday up until 1985 his service had "relied on stringent health questionnaires and a voluntary exclusion programme to exclude high risk donors" who may have donated HIV-infected blood.

Recipients

"The test for the HIV antibody was first introduced in August 1985, and from that date every unit of donated blood has been subjected to the test," he said. "However, it was anticipated that blood donated prior to August 1985 by donors who had not regarded themselves as high risk individuals could have been infected.

"As a result a 'look back' procedure was developed and introduced at the end of 1986. This identifies the recipients of blood from donors whose blood may have been infected before the introduction of the test.

"To date, out of 300 000 tested units of blood, 13 were found to be positive. Eight of these were new donors, rendering the 'look back' programme unnecessary."

None of the living recipients of blood products from the remaining five donors have, after a series of HIV antibody tests, been found to be infected, Dr Coghlan said.

Shortage of blood

"These figures indicate a very low incidence of infection in our community, and the risk of contracting Aids from blood transfusion is now less than one in a million."

Meanwhile, a serious shortage of blood in most parts of the country has triggered an urgent appeal by blood transfusion authorities for donations.

"Whatever the (very small) risks associated with receiving blood may be, there are none associated with giving blood and no-one can possibly become infected with anything, including HIV, if they donate blood," said Dr Coghlan. "The bottom line is that people are far more likely to die because of a lack of blood than from receiving it."

In Cape Town blood types O and B are in particularly short supply. Anyone wishing to donate who has not done so before can contact the WPBTS at 21-2570.

Aids in city: Action needed to stop spread

By JOHN YELD
Municipal Reporter

EIGHT of Cape Town's 11 Aids cases have died so far and "urgent action" is necessary to prevent the disease spreading, says city medical officer of health Dr Reg Coogan.

In his annual report released today, Dr Coogan said all the Aids cases had been white homosexual males and to date only the Western-type of Aids had been seen in the city.

No heterosexual spread had occurred and the danger from blood transfusions had been avoided.

However, "urgent action" was needed while there was still time to restrict the spread, Dr Coogan said.

Dr Coogan warned that health education for senior schoolchildren was essential.

● Referring to the Koeberg nuclear power station, Dr Coogan said the experience of Chernobyl apeared to have vindicated his department's recommendations regarding emergency planning for Koeberg.

A protective screen around Cape Town had been called for following a study of radioactive indium releases blowing towards the city, done for the Atomic Energy Corporation (AEC) by Escom in 1977/78, the results of which had never been published.

"Yet up to the present no adequate combined emergency plan involving the citizens of Cape Town has been exercised," Dr Coogan said.

"Surveys show that the people of this city just do not know what to do in the event of a major accident at Koeberg."

However, a council delegation had met the Council for Nuclear Safety in November and Dr Coogan had made three "vital recommendations".

Two had been accepted:

That there should be medical input into emergency planning at all stages and that the AEC, Escom and the City Council should co-operate closely in the planning and rehearsal of exercises involving the public.

But the recommendation that ultimate responsibility for two million people in the event of an emergency should not rest with the operators of the plant had been rejected.

This was contrary to world practice where plant operators were specifically forbidden to take control of emergency measures.

● Pulmonary tuberculosis was Cape Town's biggest health problem and it was "distressing" that no significant progress had been made in controlling it, Dr Coogan said.

Dr Coogan said the disease was fundamentally a manifestation of socio-economic ills — including malnutrition, bad housing, overcrowding and poverty.

Drop-off in city's sex diseases — MOH

CAPE Times 17/7/87 (92)

Municipal Reporter

THE incidence of sexually transmitted diseases in Cape Town's municipal population of just over a million people is declining, according to statistics in the latest annual report of the Medical Officer of Health.

Dr Reg Coogan said in his report that venereal diseases were not compulsorily notifiable and many patients went to private doctors, hospitals or clinics outside the municipality.

Yet he postulated that about 20% of the total number of cases in the city did attend municipal clinics.

Total attendances at the 19 departmental venereal disease clinics decreased from 34 300 in 1985, to 33 466 last year.

The number of new cases of venereal diseases also fell, from 11 592 in 1985 to 11 146 in 1986.

New cases of genital herpes — also not notifiable — dropped to 98 in 1986, from 159 in 1985.

Two people died of Aids in 1986 which brought the Cape Town Aids death toll to eight of 11 cases. All the dead were white homosexual men.

No heterosexual spread had occurred and urgent action was needed to restrict it. Health education had curtailed "decadent lifestyles" in some gay communities overseas.

Health education for senior school children was essential. The whole community should be reminded by the media of the dangers of "promiscuity and bizarre sexual practices", Dr Coogan said.

☐ Slump affected health — Page 2

(92) SPM 24/7/87

Education is way to prevent Aids, Sher tells Press

By Toni Younghusband

Education, not sensationalism, is the way to prevent the spread of Aids, Dr Reuben Sher, of the Aids Advisory Committee, told the Press at a luncheon yesterday.

Dr Sher slammed as "sensational" Press reports which created hysteria among the population and evoked all sorts of misconceptions.

"We have to look at this disease in perspective and not generate hysteria. It is difficult to get Aids; there is no casual spread of the disease. You cannot get Aids by using the same toilet as an Aids carrier or by swimming in public pools," he said.

HOW IT IS SPREAD

Addressing members of the Johannesburg Press Club, Dr Sher said Aids was spread mainly in three ways:

- Through sexual contact — homosexual and heterosexual.
- Through the blood — either through intravenous drug abuse, blood transfusion or blood products.
- During pregnancy — an infected mother could pass the disease on to her child during pregnancy.

Dr Sher said the best way to control the spread of the disease was through education and a change in lifestyles. "We have to change from a promiscuous lifestyle to one of monogamy. You must find out your casual sexual partner's track record, where he or she has been," Dr Sher said.

He stressed the use of a condom during sexual intercourse.

According to world health reports there were more than 51 000 Aids cases recorded worldwide last month.

But Dr Sher believes that figure has risen to at least 54 000.

There have been 50 reported Aids cases in South Africa — all white and the majority homosexual.

About 27 countries in Africa reported 4 570 cases last month.

Breakthrough in Aids

(92) SSM 25/7/87

LONDON — A discovery by two of the medical teams engaged in research into Aids suggests that some people might be able to destroy the infection.

Scientists from the United States and France have isolated one type of white blood cell, or lymphocyte, which will kill those that become infected with HIV, the human immuno-deficiency virus.

The scientists found the lymphocytes, which destroy virus-infected white blood cells, in the blood of individuals who had been diagnosed as HIV-positive. Some had developed the disease and others had not.

The discovery could help in devising more effective treatments for Aids and in constructing a vaccine.

The findings, made independently at the Massachusetts General Hospital and the National Institute of Health in the United States and at the Pasteur Institute and two other Paris hospitals, are described in the latest issue of *Nature*, the scientific journal.

ORGANISM CREATED HAVOC

Before the Aids virus appeared, the ability of the immune system to make lymphocytes to kill only specific virus-infected cells was known as the body's main line of defence against viral infections.

The HIV organism created havoc by disrupting the mechanisms by which these killer cells, or cytotoxic T lymphocytes, were formed.

The French research shows that in the lungs of infected people there are white cells effective against white cells carrying the Aids virus.

● From Dar es Salaam it is reported that Tanzania has convened a two-day donors' conference to seek $13,5 million (about R27 million) of international funding for a five-year campaign to control Aids.

Tanzanian Health Minister Mr Aaron Chiduo told the opening session that Tanzania was one of the few African countries to openly admit the presence of the Aids, which was first detected in there in 1983.

Experts isolate deadly cell type

Up to the end of June this year, 1 256 cases of the disease had been recorded in Tanzania, with 426 deaths, the Minister said.

Over half these cases had been reported to the Muhimbili Medical Centre in Dar es Salaam, he added.

The donors' meeting is being attended by representa tives of several Western governments, the World Bank, the UN Development Programme (UNDP), and the UN Children's Fund (Unicef).

It comes after a similar donors' meeting in Kampala last May which raised $16 million for an Aids control programme in Uganda.

● In the US, President Reagan visited children suffering from Aids in a hospital on Thursday, mourned the disease's toll on friends and former associates and challenged his newly constituted study commission to help "beat this disease".

Mr Reagan named a dozen people, including a homosexual geneticist, Roman Catholic Cardinal John O'Connor, a former chief of naval operations and four women to complete the 13-member panel.

They have been given 90 days to submit a preliminary report which will identify where research stands and what is needed.

"After the visit to the ward today and after the death by Aids of friends and former associates, this is my prayer: one way or another, whether by breakthrough or steady progress, we will beat this disease," he told an audience of about 250.

"I will do all that God gives us the power to do, to find a cure for Aids.

"We will not stop, we will not rest, until we send Aids the way of smallpox and polio," Mr Reagan said.

Mr Reagan did not name any friends or one-time associates who had died from Aids.

He later flew to the National Institute of Health in suburban Bethesda, Maryland, where he visited children suffering from Aids.

As he was escorted through the pediatrics ward, Mr Reagan was introduced to four children. He picked up a 14-month-old child and held him for several moments. The boy had contracted Aids at childbirth from his mother, who was a drug addict.

● As of July 20, the White House said 533 cases of Aids among US children 13 years old or younger had been reported to the Centres for Disease Control (CDC). Overall, the CDC said, Aids had been diagnosed in 40 970 Americans by June 1, and 20 849 of these victims had died.

ONE IN 10 SUFFER

Health officials estimate that 1 million to 1,5 million Americans have been exposed to the virus. Homosexual men and drug addicts who share needles are high-risk groups.

● It is reported from Kampala that one in 10 of the residents in the Ugandan capital suffers from Aids.

In two eastern Ugandan towns near the Kenyan border, Malaba and Busia, 80 percent of the women and 30 percent of the men are afflicted by the disease, Dr Eakoja Jjegwe, Uganda's most senior State doctor has said.

Dr Jjegwe said recent studies showed that 1 833 Ugandans from 129 of the East African nation's 150 tribes had Aids.

He said most victims in Uganda were aged 15-40. — Saturday Star Foreign News Service, Associated Press and Reuter.

research

Squad kills 'Aids man'

A BRAZILIAN, identified in an anonymous note as an Aids carrier, was gunned down in the style of "death squad" vigilantes.

"I won't be spreading Aids any more. I was one of the three perverts raping women in this area," said the note found on the body.

NV Garcia, chief of Rio De Janeiro's 39th precint, said the case was under investigation.

The morgue said it would check the body for Aids only if morgue workers were provided with adequate safeguards. – Sapa.

(92) Sunday 28/7/87

THE FIGHT AGAINST AIDS PLAGUE

NAIROBI — If the predictions of epidemiologists prove correct, nothing short of a miracle cure for Aids can save thousands, possibly tens of thousands, of Africans from dying every year for the foreseeable future.

The continent, sometimes suggestive as the source of the deadly disease, contains pockets of population with some of the world's highest rates of exposure to the virus which causes Aids (Acquired Immune Deficiency Syndrome).

In towns in the central African state of Rwanda, for example, random blood tests indicate that 17,8 percent of the people, more than one person in six, have the anti-bodies which mark the presence of the virus.

Mulango Hospital in the Ugandan capital Kampala, has to reject about 14 percent of donated blood and doctors there say the number of Aids cases they receive is doubling every six months.

In the Zairean capital Kinshasa, about 7 percent of the population, or 175 000 people, are infected by the Aids virus, Health Minister Ndangu Kabeya said.

Aids researchers are close to unanimous in predicting that of those who now have the antibodies in their blood the vast majority will die of the disease sooner or later.

The World Health Organisation (WHO), in a report earlier this year, said its minimum estimates for Africa were that the continent contained one million Aids carriers and that 10 000 cases of the symptoms would appear annually.

SAPA-REUTER

"No area of the world is more affected by HIV (Human Immunodeficiency Virus) than Africa in terms of the proportion of the healthy population infected and probable numbers of Aids cases," the report added.

Figures passed on to WHO by African governments identify five countries in central and east Africa as among those with the highest number of cases per head of population.

Cases

Apart from the United States, Haiti and a couple of small Caribbean islands, the places worst hit by the disease, only Congo, Rwanda, the Central African Republic, Uganda and Tanzania have reported more than 50 cases per million inhabitants, WHO official figures say.

Given the state of the medical services in these and neighbouring African countries, the true figures must be much greater, doctors in east Africa say.

Local health officials in Uganda's south-western Rakai district, where "slim" disease first appeared in the early 1980s, say that many victims return to their villages to die and never appear in official statistics.

African governments, especially those with valuable tourist industries, have been slow to recognise the danger of Aids and quick to accuse the Western media of exaggerating its prevalence and trying to label it an African disease.

In Kenya, for example government ministers earlier this year accused the London Press and the British Broadcasting Corporation of waging economic war through alarmist reports on Aids among prostitutes in tourist resorts on the Indian Ocean.

Africans were particularly incensed by early suggestions that the disease originated in central Africa, possibly through contact between monkeys and humans, and later spread to the Caribbean and North America.

Early blood tests in Africa, apparently misreading other unusual viruses, gave a high proporation of false positives and did much damage to the credibility of foreign Aids researchers.

More recent research in Kampala and among pygmies in central Africa has cast doubt on the theory of an African origin, showing that the virus is virtually absent among older people and among people who live in isolated rural communities.

Awareness

Public awareness of Aids has spread rapidly in Africa as governments open up and, often with financial help from WHO and bilateral Western donors, launch publicity campaigns and blood screening servies to prevent it spreading through transfusions.

In May Uganda, one of the countries most candid about its Aids problem, won R32 million from international donors for a five-year programme to control the disease.

The governments of Kenya, Zaire, Rwanda, Zambia, Ethiopia, Nigeria and Tanzania all now have some form of public health campaign directed against Aids, usually in the form of posters, leaflets and radio and television programmes.

In Zaire, popular singers Franco and Hilarion Nguema have spread the anti-Aids message to an audience of millions in their own country and abroad.

"Aids, an evil that spares none/Oh, the scourge/Aids, which leaves the doctor powerless," Franco sings in *Attention ba Sida* — (Beware of Aids).

The message has not, however, reached everyone — like the Abidjan prostitute who continues to maintain that "Aids is an invention of the Press" or the Ugandan trucker who said he only slept with fat women "because they can't have slim disease."

And President Yoweri Museveni, on a tour of western Uganda last weekend, felt it necessary to tell the crowds it was futile to link Aids with witchcraft.

One independent study for the Dakar-based Environment Development Action, doubts that Africa can combat the disease effectively because of limited medical resources.

It said there was hardly any hope of containing Aids within specific areas because of the massive movement of people between cities and the countryside and the difficulty of carrying out effective screening tests.

"How can we treat patients or simply alleviate their sufferings in countries which have, for most of them, insufficient and costly health facilities?" it asked.



tion, and the Association withdrew its request.

(3) No.

Newspapers: notices published

207. Mr D J N MALCOMESS asked the Minister of Environment Affairs:

(1) Whether his Department publishes each official notice in both English-language and Afrikaans-language newspapers; if not, (a) why not and (b) what is the language medium of the newspapers in which his Department publishes such notices; if so,

(2) whether his Department has at any time published any official notices in English-language or Afrikaans-language newspapers only; if so, (a) why, (b) (i) in which newspapers and (ii) on what dates in each case, (c) what was the content of each such official notice and (d) who took the decision in this regard,

(3) whether he will make a statement on the matter?

The MINISTER OF ENVIRONMENT AFFAIRS:

(1) Yes. (a) and (b) Fall away.

(2) No, not as far as could be ascertained from available records. (a), (b) (i), (ii), (c) and (d) Fall away.

(3) No.

Kruger National Park

208. Mr R J LORIMER asked the Minister of Environment Affairs:

(1) What was the total value of the products produced by the by-products depot in the Kruger National Park during the periods (a) 1 April 1984 to 31 March 1985, (b) 1 April 1985 to 31 March 1986 and (c) 1 April 1986 to 31 March 1987;

(2) what was the profit or loss shown by the depot at the end of each of these periods?

The MINISTER OF ENVIRONMENT AFFAIRS:

(1) (a) R2 415 491.
(b) R3 735 667
(c) R3 434 567.

(2) (a) R941 521 (profit).
(b) R1 664 721 (profit).
(c) R1 890 100 (profit).

Kruger National Park

209. Mr R J LORIMER asked the Minister of Environment Affairs:

Whether any animals were culled in the Kruger National Park during the periods (a) 1 April 1984 to 31 March 1985, (b) 1 April 1985 to 31 March 1986 and (c) 1 April 1986 to 31 March 1987; if so, how many head of each species during each of these periods?

The MINISTER OF ENVIRONMENT AFFAIRS:

Yes.

(a) 1 107 elephant.
1 667 buffalo.

(b) 899 elephant.
993 buffalo.

(c) 280 elephant.
2 966 buffalo.

Guguletu/Nyanga/Langa: telephones

227. Mr J VAN ECK asked the Minister of Communications:

(1) How many (a) private en (b) public telephones were there in (i) Guguletu, (ii) Nyanga, (iii) Langa, (iv) New Crossroads and (v) Khayelitsha as at the latest specified date for which information is available;

(2) how many new (a) private and (b) public telephones were installed in each of these suburbs in (i) 1986 and (ii) the first three months of 1987;

(3) whether there was a shortage of telephones in any of these suburbs as at 31 December 1986; if so, (a) how many applications were outstanding at that date, and (b) when is it anticipated that the shortage will be eliminated, in each case?

The MINISTER OF COMMUNICATIONS:

	(1)		(2)			
			(i)		(ii)	
	(a)	(b)	(a)	(b)	(a)	(b)
(i)	3 065	33	419	nil	83	nil
*(ii) & (iv)	1 090	29	209	4	36	nil
(iii)	1 431	19	338	nil	60	1
(v)	36	11	25	11	4	nil

as at 31 March 1987;

(3) yes,

	(a)	(b)
†Guguletu	2 621	All the waiting applicants will be provided with telephone service during the first half of 1989 on the commissioning of a new 3 068 line Guguletu automatic exchange.
†*Nyanga and New Cross Roads	275	This area will also be served by the new Guguletu exchange and the applications will be met on the commissioning of that exchange.
†Langa	195	Provided nothing unforeseen occurs, all the waiting applicants will be provided with telephone service during the first half of 1988 on the commissioning of a 1 952 line extension of the Bonteheuwel exchange and the completion of a cable work.
†Khayelitsha	1 133	If nothing unforeseen occurs, all the waiting applicants will be provided with telephone service during the first half of 1988 on the commissioning of the new 3 952 line Khayelitsha automatic exchange and the completion of a cable work.

† Until the relief measures indicated have been implemented, services will in those cases where cable leads are available be provided to the most deserving applicants as and when telephone numbers become available as a result of the discontinuance of existing services.

*New Cross Roads forms part of Nyanga and separate statistics are not available.

Aids

241. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many carriers of the acquired immune deficiency syndrome virus had been identified in respect of each race group in South Africa as at the latest specified date for which information is available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Whites	1 140
Coloureds	31
Indians	3
Blacks (of which 946 were miners)	1 093
Unknown	57
Total	2 234

to teacher training; the present position in regard to teacher training in the Natal Education Department, the financial implications of undertaking teacher training on behalf of another department as well as the Ministers' Council decision in regard to the disposal of redundant facilities were discussed.

Further discussions have subsequently been requested by Dr Dhlomo.

Oudtshoorn: bursaries

*6. Mr A GERBER asked the Minister of Education and Culture:†

Whether any increase for bursary holders at the education college at Oudtshoorn has been announced this year; if not, why not; if so, (a) what does the increase amount to per year and (b) for which academic years does it apply?

†The MINISTER OF EDUCATION AND CULTURE:

Yes,

(a) R400,

(b) the 1987 academic year and the relevant subsequent years of study.

Agricultural extension officers

*7. Mr D G H NOLTE asked the Minister of Agriculture and Water Supply:†

(a) How many agricultural extension officers were employed by his Department as at the latest specified date for which figures are available and (b) (i) for what average period do such officers remain in the employ of his Department and (ii) what are the main reasons for their leaving the service?

†The MINISTER OF AGRICULTURE AND WATER SUPPLY:

(a) 149 on 31 May 1987.

(b) (i) 25,7 years in senior cadre.
11 years in junior cadre.

(ii) Better salaries and fringe benefits.

HoA

For written reply:

General Affairs:

Full-time employees

168. Mr R M BURROWS asked the Minister of Communications:

(1) What was the total number of persons employed in a full-time capacity in his Department as at the latest specified date for which information is available;

(2) (a) how many such persons were employed in each of the eight most senior post levels in his Department, (b) how many of these persons were (i) male and (ii) female and (c) to which population group did each of these persons belong;

(3) (a) what will be the applicable salaries and/or salary scales of each of the eight most senior post levels in his Department with effect from 1 July 1987 and (b) what financial and other specified benefits will be applicable to each of these post levels as at 1 July 1987?

The MINISTER OF COMMUNICATIONS:

(1) 96 941, as at 30 April 1987;

(2) (a)

Post level	*Number of persons employed*
1	1
2	4
3	16
4	48
5	1
6	76
7	224
8	1

(b) (i) and (ii) with the exception of one female on post level 7 all the persons referred to are male;

(c) to the White population group;

(3) (a)

Post level	*Salary (fixed)*
1	R131 031
2	R 75 990
3	R 63 990
4	R 57 600
5	R 56 010
6	R 50 490
7	R 45 030
8	R 40 710; and

(b) (i) an annual service bonus amounting to 93% of one month's salary;

(ii) a housing subsidy on interest and capital redemption up to a maximum of a housing loan of R50 000, subject to the compliance with certain conditions;

(iii) varying telephone rental and call concessions; and

(iv) a car financing scheme for officers occupying posts on the first six post levels. The size of the loans granted varies depending on an officer's grading.

Aids

186. Dr M S BARNARD asked the Minister of National Health and Population Development:

(1) Whether the acquired immune deficiency syndrome (Aids) is a notifiable disease; if not, why not; if so, how many cases have been recorded in South Africa as at the latest specified date for which information is available;

(2) whether he has received any representations regarding this disease; if so, (a) when, (b) from whom and (c) what was (i) the reason for these representations and (ii) his response thereto in each case;

(3) whether he will make a statement on the matter?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) No.

1.1 Aids can also be transmitted by healthy carriers of the disease (with positive blood tests). However, all these persons are not necessarily contagious and not every carrier will get the disease. Blood tests are also not 100% reliable.

1.2 The Stigma and implications of wrongly being labelled as a potential Aids patient are far reaching.

1.3 Compulsory notification, with the stigma implied, might drive the disease underground. This will have a contra productive effect on the control of the problem. Compulsory notification is not general policy in Western countries.

1.4 An anonymous confidential register of Aids cases is kept at the SAIMR, Johannesburg, under the supervision of experts who ensure that all diagnoses are confirmed and verified. This protects people who suffer or may be suspected to suffer from Aids from unnecessary and unwarranted victimisation and harassment.

1.5 The Minister of National Health and Population Development has the power to take action should it be deemed necessary. The Advisory Group on Aids monitors the situation and advises regularly on suggested management.

1.6 By 25 June 1987 a total of 75 cases were diagnosed of which 55 were South Africans.

(2) Yes.

(a) 25 April 1987.

(b) Medical Association of South Africa.

(c) (i) A decision by the Executive Committee.

(ii) Discussions took place between officials of the Department and the Associa-

tion, and the Association withdrew its request.

(3) No.

Newspapers: notices published

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(3) whether he will make a statement on the matter?

The MINISTER OF ENVIRONMENT AFFAIRS:

(1) Yes. (a) and (b) Fall away.

(2) No, not as far as could be ascertained from available records. (a), (b) (i), (ii), (c) and (d) Fall away.

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HoA

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(2) how many new (a) private and (b) public telephones were installed in each of these suburbs in (i) 1986 and (ii) the first three months of 1987;

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The MINISTER OF COMMUNICATIONS:

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*New Cross Roads forms part of Nyanga and separate statistics are not available.

Aids

241. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many carriers of the acquired immune deficiency syndrome virus had been identified in respect of each race group in South Africa as at the latest specified date for which information is available?

HoA

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Whites	1 140
Coloureds	31
Indians	3
Blacks (of which 946 were miners)	1 093
Unknown	57
Total	2 234

2 234 Aids carriers in SA

By ANTHONY JOHNSON

A TOTAL of 2 234 carriers of the Aids virus have been identified in South Africa, the Minister of National Health, Dr Willie van Niekerk, disclosed yesterday.

Most of these — 1 140 — were white.

"Of the 1 093 of blacks identified as carriers, 946 were miners." A total of 31 coloured people and three Indians were identified as carriers of the virus, with an additional 57 people whose race had not been determined.

Dr Van Niekerk also said that by June 25 a total of 75 actual cases of Aids had been diagnosed in the country. Of these, 55 were South Africans.

Dr Van Niekerk said that Aids had not been declared a notifiable disease in South Africa because compulsory notification, with the stigma implied, might drive the disease underground.

"This will have a counter-productive effect on the control of the problem," he said in reply to a question from from Dr Marius Barnard (PFP Parktown).

Dr Van Niekerk noted

To page 2

From page 1

that Aids could also be transmitted by healthy carriers of the disease (with positive blood tests).

"However, all these persons are not necessarily contagious and not every carrier will get the disease."

"Blood tests," he added, "are also not 100% reliable."

The stigma and implications of being wrongly labelled as a potential Aids patient were "far-reaching", he said.

Compulsory notification was not a general policy in Western countries.

Register

Dr Van Niekerk said an "anonymous confidential register" of Aids cases was kept at the South African Institute for Medical Research in Johannesburg under the supervision of experts who ensured that all diagnoses were verified.

"This protects people who suffer or may be suspected to suffer from Aids from unnecessary and unwarranted victimization and harassment," he said.

Dr Van Niekerk said he had the power "to take action should it be necessary".

In addition, the Advisory Group on Aids monitored the situation and advised regularly on management, he said.

2 234 Aids carriers found in SA

CAPE TOWN — The latest available figures showed 2 234 Aids carriers had been identified in South Africa, the Minister of National Health and Population Development, Dr Willie van Niekerk, said yesterday.

In reply to a question by Dr Marius Barnard (PFP, Parktown), he said of these 1 140 were white, 1 093 black (946 of them miners), 31 coloured, three Asian and 57 unknown.

In reply to another question by Dr Barnard, he said a total of 75 cases had been diagnosed, of which 55 were South Africans.

It was not a notifiable disease, he said, because it could also be transmitted by healthy carriers with positive blood tests.

However, all these people were not necessarily contagious and not every carrier would get the disease.

Blood tests were also not 100% reliable, Dr Van Niekerk said.

The stigma and implications of wrongly being labelled as a potential Aids patient were far-reaching.

Compulsory notification, with the stigma implied, might drive the disease underground.

This would have a contra-productive effect on the control of the problem.

Compulsory notification was not general policy in Western countries.

"An anonymous confidential register of Aids cases is kept at the SA Institute of Medical Research, Johannesburg, under the supervision of experts who ensure that all diagnoses are confirmed and verified," he said.

"This protects people who suffer or may be suspected to suffer from Aids from unnecessary and unwarranted victimisation and harassment."

He said he had the power to take action should it be deemed necessary and the advisory group on the disease monitored the situation

Those with herpes can't play — SARB

Cape Times 30/7/87 92

Own Correspondent

PORT ELIZABETH. — While the herpes scare is doing the rounds in the rugby fraternity, the SA Rugby Board has issued a directive that players with the disease be banned from playing.

This follows reports that a Parks player here has contracted the contagious disease from a frontrow forward in the University of Port Elizabeth team — who, in turn, says he got it from a University of Cape Town player during a match two weeks ago.

And, according to rugby players, the herpes scare started when a University of Stellenbosch foward contracted the disease from another foward during a match against the University of Pretoria.

Cape origin

Yesterday Ds Nico van Wyk, who plays for Parks, confirmed he had contracted the infection from UPE's Brian McKinnon at the weekend.

Ds Van Wyk said he had the infection on the side of his face. A fever which had him bed-ridden for a few days, was associated with the infection, he was told by his doctor.

Last night UCT's head of public relations, Mr Kendal Jarvis, undertook to refer to the appropriate authorities the suggestion that a UPE rugby player had contracted herpes during a match against UCT.

"Comprehensive inquiries made by the university sports administration reveal that no member of the UCT team is suffering from herpes.

"Furthermore, the rugby club, and indeed the sports administration, adopts a strict policy prohibiting its members from participating in contact sports if they are suffering from any contagious disease.

"There is at present no evidence of any such disease among the university's sports membership," a UCT statement read.

A directive has been put out by the medical committee of the SARB that anyone with herpes should not be allowed to play rugby.

This was confirmed by the Eastern Province rugby side's team doctor, Dr Win Smit. He said the first incidence of herpes was noticed in Port Elizabeth rugby circles "some years ago", and probably originated in the Cape.

Herpes is incurable, he said, adding that it will "go away and flare up every now and then". However, he said herpes on the face had been "with us for ages", usually only in the mild form of fever blisters or cold sores on the lips.

and (ii) mini-committees of joint management centres had been established as at 1 June 1987 and (b) where is each of them located;

(2) whether it is the intention of the Government to increase the number of joint management centres; if so, (a) when, (b) by what number and (c) why?

The MINISTER OF LAW AND ORDER:

(1) and (2) the hon member is referred to the oral reply to Question No 23 on 8 April 1986 as well as the oral reply to Question No 2 on 23 June 1987.

Human Sciences Research Council

248. Mr P G SOAL asked the Minister of National Education:

Whether, with reference to his reply to Question No 55 on 16 June 1987, the Human Sciences Research Council has completed its work in respect of any of the directives given to it; if so, (a) which matters have been concluded and (b) what action has been taken in respect of each of these matters as a result of the research conducted by the Council?

The MINISTER OF NATIONAL EDUCATION:

(a) (i) The informal sector and zoning in Black residential areas.

(ii) Investigation into the current test procedures at provincial and municipal traffic test centres.

(iii) Interface attitudes of State Departments and Black communities.

(iv) Urban Black's perceptions of the general state of emergency.

(v) Juvenile delinquency: (aa) the appearance and extent of juvenile delinquency in the RSA according to official crime statistics and (bb) the etiology of juvenile delinquency and the processing and treatment of juvenile offenders.

(vi) Formative evaluation research concerning reading matter on nutritional guidance.

(b) The steps in respect of each of these matters are the responsibility of the commissioning body, and the HSRC does not control such steps.

Supplementary reply to Question 241 on 28 July 1987, put by Dr M S Barnard (col 429):

Aids

241. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many carriers of the acquired immune deficiency syndrome virus had been identified in respect of each race group in South Africa as at the latest specified date for which information is available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Whites	1 140
Coloureds	31
Indians	3
Blacks	*1 093
Unknown	57
Total	2 324

*Of which 946 were miners.

FOR SUBSCRIPTION INQUIRIES — TELEPHONE EAST LONDON 26141

(92) BD 11/8/87.

Aids the African scourge

TIMEBOMB

High death rate fears

If the predictions of epidemiologists prove correct, nothing short of a miracle cure for Aids can save thousands, possibly tens of thousands, of Africans from dying every year for the foreseeable future.

The continent, sometimes suggested as the source of the deadly disease, contains pockets of population with some of the world's highest rates of exposure to the virus which causes Aids (Acquired immune deficiency syndrome).

In towns in the Central African state of Rwanda, for example, random blood tests indicate that 17.8 per cent of the people, more than one person in six, have the antibodies which mark the presence of the virus.

Mulago Hospital in the Ugandan capital Kampala has to reject about 14 per cent of donated blood and doctors there say the number of Aids cases they receive is doubling every six months.

In the Zairean capital, Kinshasa, about seven per cent of the population, or 175 000 people, are infected by the virus, the Health Minister, Ndangu Kabeya, said.

Aids researchers are close to unanimous in predicting that of those who now have the antibodies in their blood the vast majority will die of the disease sooner or later.

The World Health Organisation (WHO), in a report earlier this year, said its minimum estimates for Africa were that the continent contained one million carriers and that 10 000 cases of the symptoms would appear annually.

"No area of the world is more affected by HIV (human immunodeficiency virus) than Africa in terms of the proportion of the healthy population infected and probable numbers of cases," the report added.

Figures passed on to WHO by African governments identify five countries in Central and East Africa as among those with the highest numbers of cases per head of population.

Apart from the United States, Haiti and a couple of small Caribbean islands, the places worst hit by the disease, only Congo, Rwanda, the Central African Republic, Uganda and Tanzania have reported over 50 cases a million inhabitants, WHO official figures say.

Given the state of the medical services in these and neighbouring African countries, the true figures must be much greater, doctors in East Africa say.

Local health officials in Uganda's southwestern Rakai district, where "slim" disease first appeared in the early 1980s, say that many victims return to their villages to die and never appear in official statistics.

African governments, especially those with valuable tourist industries, have been slow to recognise the danger of Aids and quick to accuse the Western media of exaggerating its prevalence and trying to label it an African disease.

In Kenya, for example, government ministers earlier this year accused the London press and the British Broadcasting Corporation of waging economic war through alarmist reports on Aids among prostitutes in tourist resorts on the Indian Ocean.

Africans were particularly incensed by early suggestions that the disease originated in central Africa, possibly through contact between monkeys and humans, and later spread to the Caribbean and North America.

Early blood tests in Africa, apparently misreading other unusual viruses, gave a high proportion of false positives and did much damage to the credibility of foreign Aids researchers.

More recent research in Kampala and among pygmies in Central Africa has cast doubt on the theory of an African origin, showing that the virus is virtually absent among older people and among people who live in isolated rural communities.

Public awareness of Aids has spread rapidly in Africa as governments open up and, often with financial help from WHO and bilateral Western donors, launch publicity campaigns and blood screening services to prevent it spreading through transfusions.

In May, Uganda, one of the countries most candid about its Aids problem, won 16 million dollars from international donors for a five-year programme to control the disease.

The governments of Kenya, Zaire, Rwanda, Zambia, Ethiopia, Nigeria and Tanzania all now have some form of public health campaign directed against Aids, usually in the form of posters, leaflets and radio and television programmes.

In Zaire, popular singers Franco and Hilarion Nguema have spread the anti-Aids message to an audience of millions in their own country and abroad.

The message has not, however, reached everyone — like the Abidjan prostitute who continues to maintain that "Aids is an invention of the press" or the Ugandan trucker who said he only slept with fat women "because they can't have slim disease".

And President Yoweri Museveni, on a tour of western Uganda, felt it necessary to tell the crowds it was futile to link Aids with witchcraft.

One independent study for the Dakar-based Environment Development Action, doubts that Africa can combat the disease effectively because of limited medical resources.

It said there was hardly any hope of containing Aids within specific areas because of the massive movement of people between cities and the countryside and the difficulty of carrying out effective screening tests.

"How can we treat patients or simply alleviate their sufferings in countries which have, for most of them, insufficient and costly health facilities?" it asked.

Stop blaming Africa for Aids, and look for cures

AIDS could kill 1 000 000 people in Central, Eastern and Southern Africa within the next decade, unless the spread of the disease is stopped in time.

But, while Western Aids experts point fingers at Africa as the probable origin of the disease, Aids has reached such a stage in Western countries that they should start looking for cures rather than blaming Africa, according to the World Health Organisation.

The WHO stated in its latest Aids report that there were a total of 42 404 cases of the disease in the world by March this year.

Of this, 31 036 cases were reported in the United States, 1 221 in France, 1 012 in Brazil, 873 in Canada, 959 in West Germany, 686 in Britain, 407 in Austria, 207 in Belgium and 192 in Switzerland.

According to the WHO, 1 819 Aids cases were reported in Africa.

At an international Aids conference in 1986, head of France's Pasteur Institute, Luc Montagnier, said Aids probably orginated in Africa.

However, a German study of 6 015 blood samples collected in Africa between 1976 and 1984 has found little evidence to support this widely held theory.

Despite Africa having fewer Aids cases than the west, Aids is still a major problem for the continent.

As the Panos dossier on Aids in the Third World, published in February, pointed out, Africa is unable to combat the spread of Aids as it does not have the medical or financial resources to fight the disease.



Millicent Mkwalo (centre), winner of the "Big and Elegant" competition, flanked by her princesses.

Fatties glow with elegance

FATTIES can be smart and elegant. This was proved at the "Big and Elegant" beauty competition held at a Johannesburg hotel last Saturday.

Twenty-five contestants, all big, sexy and elegant, walked tall and put on a show of beauty, amid the glitter of television cameras and loud applause from the crowd.

The evening was really big for the about 200 guests who saw the crowning of "Queen Elegant '87", Millicent Mkwalo, of Alexandra, who romped home with a R1 000 watch and R500 in cash.

The first princess was Mandela Diphoko, of Orlando East, and the second princess Sibongile Sithole, of Senaoane in Soweto.

The show was organised by the Sophisty Women's Club, whose executive members include top jazz fanatic and designer Queeneth Ndaba, Irene Hlatshwayo, a hair stylist, and fashion designer Mpho Khumalo.

Ciskei man killed

CP Correspondent

POTSDAM vigilantes this week allegedly killed a man who tried to prevent them from robbing another resident and injured four others.

Zola Nozewu, 32, who earlier this year applied to the Ciskei Supreme Court for protection against Ciskei police, was murdered in the early hours of Saturday morning.

Zola's cousin, David Ndamane, who was present during the incident, said Zola was murdered by a known vigilante member after he rebuked him for robbing someone

The activities of a vigilante group, called "Inkatha" by locals, has driven many residents away.

Residents claimed the group acted in concert with the authorities.

The people injured in the incident are: Mbeko Mavanti, Poko Mavanti and two men only known as Dasi and Moyama.

Zola will be buried on Sunday.

The murder has been reported to the Potsdam police. Arrests have not yet been made

Bedbugs can act as host for Aids virus

ARGUS 3/8/87 (92)

Medical Reporter

THE Aids-causing virus can survive in bedbugs for up to four hours, a Cape Town researcher told an American conference on Aids.

But, said Dr Peter Jupp, there was no evidence that the disease could be transmitted by insects.

Dr Jupp, a researcher for the National Institute for Virology and a member of the Medical Research Council's Aids virus research unit, was one of two non-Americans invited to attend the special workshop organised by the Office of Technology Assessment in Washington.

Dr Jupp said that research by himself and a colleague, Dr Susan Lyons, had shown that the virus could survive up to four hours in bedbugs, but not in mosquitoes. There was no evidence of transmission of the virus by either bedbugs or mosquitoes.

American research presented at the workshop also concluded that there was no evidence of insect transmission, Dr Jupp said.

In performing experiments, foreign laboratories used blood mixtures containing the virus in quantities far in excess of those estimated to occur in the bloodstream of an Aids patient.

Dr Jupp said that evidence presented at the workshop showed it was significant that needlestick accidents — where someone was accidentally injected with an infected hypodermic needle — had not led to anyone contracting Aids.

The chances of transmission through a needlestick accident were higher than infection by a bedbug.

Although Dr Jupp said he expected the organisers of the workshop to decide that further research on Aids and insects was not high priority, he believed that more experimental work was needed.

An aspect of further research would be insect transmission using chimpanzees and the Simian Aids virus.

South African research on Aids and insects would continue in order to learn more about the behaviour of the virus in different situations, he said.



World health body acts on Aids screens

GENEVA. — The World Health Organisation (WHO) has announced that it will boycott nations that demand Aids screening of people attending its meetings.

Mr Jonathan Mann, in charge of the WHO's programme to combat Aids, told a news briefing: "WHO will not hold a meeting in a country which requires screening of participants for Aids.

"Certificates won't work to prevent the spreading of Aids."

Mr Mann said that screening was unreliable because it took an average of six to eight weeks after infection for the virus to be detectable. Aids-free certificates could be forged, he added.

He said Iraq was the only country he knew that required all international travellers to present Aids-free certificates. However, he estimated that about a dozen other states required certificates from students and certain immigrants.

US HAS HIGHEST NUMBER

The latest WHO statistics show that 55 396 cases of Aids have been reported in 142 countries. Twenty reported no cases.

The United States has the highest number of reported cases (38 808), followed by Brazil (1 695), France (1 632), Uganda (1 138) and Tanzania (1 130).

Other countries with more than 750 reported cases are West Germany (1 089), Canada (1 000), the United Kingdom (870), Haiti (851) and Italy (771). — Sapa-Reuter.

AIDS NOT SPREAD BY INSECTS

DIANNA GAMES

AIDS transmission by insects is unlikely, according to evidence from the US, says Dr Peter Jupp of SA's National Institute of Virology, who was one of two non-Americans invited to the US for a recent workshop on the subject.

Jupp and his colleague Dr Susan Lyons had published the only experimental data on AIDS transmission by insects. They showed that while the virus survived up to four hours in bedbugs, it did not survive in mosquitoes.

The SA Medical Research Council says four American laboratories have since performed experiments which showed there was no transmission from infected to uninfected blood samples by bedbugs or mosquitoes.

It says some US experiments showed a 48 hour survival period in mosquitoes and a 72 hour period in bedbugs, but in these tests insects were fed on blood containing levels of virus far exceeding those estimated in the bloodstream of AIDS patients.

In SA, experiments would continue with further local mosquito species to learn more about the behaviour of the virus in different situations, Jupp said.

Blood tests for AIDS

MAPUTO — The Mozambican authorities are carrying out blood tests among workers throughout the country to determine whether the deadly disease AIDS is a threat to the country, it has been disclosed here.

The local newspaper *Noticias* said blood tests on 400 workers at a major company in Maputo Province had indicated that none of them were infected.

The blood samples had been flown to Italy for specialised tests.

The newspaper said that similar blood tests were being carried out elsewhere in the country. — *Sowetan Africa News Service.*

Aids teacher nears death

BLOEMFONTEIN — An art teacher at a primary school in Bloemfontein is dying in the Universitas Hospital from Aids.

Tests on four men with whom he had sexual contact have shown traces of the disease.

The teacher, who is in his late 20s, is reported to have named a number of men who could possibly have contacted Aids from him. Four cases were positive.

The patient has been fully informed about his illness and has said he would co-operate with medical researchers to help find a serum against Aids.

Dr David van den Bergh, chief medical superintendent, said every precaution had been taken to isolate the patient.— Sapa.

Aids claims first Namibian victim

The Star's Africa News Service

WINDHOEK — Aids has claimed its first Namibian victim, following the death of an 18-year-old Portuguese-speaking homosexual.

The chairman of the territory's Aids committee, Dr Dawid Toerien, said there was the possibility a number of men and women had been in contact with the man and been exposed to the deadly virus.

The man's condition was first noticed when he went to hospital in Rundu, in the Kavango. He was then transferred to Windhoek where he was placed in an isolation unit.

Dr Toerien disclosed that 10 697 people had been tested for the virus in Namibia, and preliminary results indicated 68 of them could be carriers of Aids.

However, he believed the real figure of people at risk was much higher, because the tests conducted had not included people in the high risk groups — homosexuals and intravenous drug abusers.

home at present.

Aids strikes Namibia

AT least one person has died from Aids in Namibia, according to the chairman of the Aids control committee, Dr Dawid Toerien.

Toerien this week said at a news conference in Windhoek that the deceased was an 18-year-old Angolan male.

He said he believed more unreported Aids victims in the territory had died.

Toerien said 60 people had been identified as possible or definite Aids cases.

Toerien said his research had revealed that people from all ethnic groups in the territory were afflicted with the disease. – Sapa.

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ances.

Botile was not available because he was in a meeting and members of his council.

The three-day-old strike essential services such as ele sewerage, refuse removal an

The strike involves sports cleaners and electricians.

Workers yesterday told *Ci* sparked by a council circular involved in accidents while i would have to pay R2 000 if

THE EMERGENCY

This newspaper has been produced under emergency regulations which amount to censorship. The restrictions effectively suppress information of public interest. No details of 'unrest' or security force action can be published without permission. However, within the limits of these restrictions, City Press will continue to make every effort to provide objective coverage.

CIPRED 92 9/8/87

ships and at Randburg and
tal services at Sebokeng,

Mother, baby may be doomed

By S'BU MNGADI

THE lives of a Maritzburg mother and her new-born baby, suspected by doctors at Edendale Hospital of having the killer Aids disease, hang in the balance

An Edendale Hospital spokesman confirmed that a 32-year-old black woman, who this week gave birth at the hospital, was being investigated for Aids

Absolute secrecy surrounds the woman's identity as it is believed she is married and it is felt that her family might unwittingly panic on hearing the news.

The spokesman said the patient has so far undergone a first blood test to establish if she was Aids antibody positive, and it would be a matter of a week or two before the results would be known

Even then, final blood tests would be administered before a diagnosis was made.

However, sources at the hospital said since the hospital staff and other patients got wind of the suspected Aids case, there have been fears that no stringent labour ward procedures have been carried out to protect them.

A *City Press* survey at the hospital also confirmed that there were no special precautions being taken against Aids in the general labour ward, where this patient is presently being treated.

Authorities, however, warned there was no reason to panic, since Aids was not contracted by talking to a sufferer. It had to be transmitted through direct blood transfusions or sexual contacts.

There are also fears that the baby might be infected as was the case in a Johannesburg hospital recently.

Dr Reuben Sher, of the Aids Advisory Council in Johannesburg, told *City Press* that the chances of a baby contracting Aids from the mother were 50 percent, especially if the baby was the second child – as is the case with the Maritzburg mother.

It was found recently by the Natal Blood Transfusion Services that 0,035 percent of black male donors and 0,039 percent of females tested since August 1985 carried the anitbody birus.

Only 0,014 percent of the general blood donor population in Natal were found to be infected.

It is significant that there were no infected white women.

NBTS deputy-director Dr Clive Prior stressed that Aids infection in Natal resembled the heterosexual African pattern, but the number of infected people was still extremely low, unlike the situation in Central Africa.

City Press established, through reliable sources, that the husband of the Maritzburg woman works for a Durban company and is working away from home at present.

Aids strikes Namibia

AT least one person has died from Aids in Namibia, according to the chairman of the Aids control committee, Dr Dawid Toerien.

Toerien this week said at a news conference in

ST

BLOEMFONTEIN capital, has been roc industrial strikes.

Allegations of racism the disputes.

Post Office workers in the Wednesday, joining South A who have been on strike for th allegations of racism at their

On the same day more than also failed to report for duty centres on the Witwatersrand

The stoppage began on Tue arrive at work, disrupting po most of the Vaal Triangle town Bryanston near Johannesburg.

It is believed that the strike is in solidarity with 1 700 Eastern Cape workers who are on strike.

By yesterday Post Office workers were reported to be still on strike.

Workers at the SAB plant in Bloemfontein went on strike last Friday and vowed not to resume duties until a "racist" white supervisor was fired.

The two strikes in Bloemfontein have resulted in a severe beer drought and disruption of mail services.

According to Post and Telecommunication Workers' Association insiders, the Bloemfontein Post Office workers are also demanding:

- A living wage.
- Total abolition of racial

Sowe stopp

By DERRICK

MORE than 5 000 Soweto C this week in protest over wh remarks" allegedly made by representatives who had met ances.

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THE

Bloem in tizzy as 'gay' hunt starts for killer contacts

(92 S/Times 9/8/87

THE life of AIDS sufferer Laurens Baaij, desperately ill in Bloemfontein, hangs in the balance. And the city's homosexual community is in a state of alarm.

Doctors from the department of virology at the University of the OFS are negotiating with American health officials for supplies of a drug which prevents the killer virus from multiplying.

But yesterday Dr Ruben Sher, head of the South African Institute of Medical Research AIDS unit, said: "This drug (AZT) is terribly expensive and depresses the bone marrow.

"This means that patients require blood transfusions after treatment.

"However, there has been quite a lot of success in the United States, as the drug prolongs life by reducing the incidence of opportunistic diseases."

While Mr Baaij lies ill in the Universitas Hospital, Bloemfontein's homosexual community is conducting a "witch-hunt" among his associates.

Mr Baaij, an art teacher at Eunice Primary School — an exclusive girls' school — was admitted to hospital 10 days ago suffering from an ulcer in the colon and gastro-enteritis.

But blood tests revealed this week that the 28-year-old bachelor had AIDS — the city's first sufferer of the killer disease.

Shocked

Meanwhile, pupils from his Std 3 class have sent him a scrapbook filled with letters, some addressed to "the best teacher in the world".

Mrs Christa Greenland, whose daughter, Jennifer, is one of Mr Baaij's pupils, said most parents were shocked but sad about the matter.

"My daughter speaks very highly of Mr Baaij," she said.

But another parent who wishes to remain anonymous said she would be taking her daughter for a blood test tomorrow.

At least four men with whom Mr Baaij has had sexual contact have been tested for AIDS after the teacher had given their names to medical authorities.

A prominent member of the homosexual community said: "Many innocent homosexuals will suffer because of Mr Baaij, who is being called 'Bye Bye Baaij'.

"We are making frantic phone calls to establish all those men with whom he had relationships."

By ANDY GALLOWAY

board meeting had been held late on Friday but that no statement would be made.

A Parents-Teachers Association meeting is to be held tomorrow.

A teacher said staff started noticing a deterioration in Mr Baaij's condition about eight months ago.

"He was losing a lot of weight and there were rumours that he could be suffering from AIDS," she said.

Mr Baaij has allowed only a few close friends to visit him in his private ward.

The Director of Education in the Free State, Mr Willem Odendaal, said his department was investigating the incident. Any action taken would be in the best interests of teachers and pupils.

Mr D K Wright, chairman of the Gay Association of South Africa in Bloemfontein, said: "Even though he is not an official member of our association, we have decided to visit him in hospital and cheer him up."

A close friend, Mr Michael Stijd, said that when he visited him in hospital Mr Baaij said he hoped to be discharged this week.

"I cannot understand what all the fuss is about," Mr Stijd said.

"He has lost a lot of weight since being admitted last week, but anybody with a bad case of gastro-enteritis would.

"At first he was very upset about the presence of the AIDS virus in his bloodstream, but he believes he is over the worst now," Mr Stijd said.

Elite

Another said Mr Baaij was seen frequently at the Metropolitan, a 'gay' club in the city centre which was recently closed down.

"Mr Baaij belonged to an élite circle. Two of them were advocates and another held an important position at the university," he said.

Mrs Mary Eve, headmistress of Eunice Primary School, said Mr Baaij was in no danger of losing his job.

"At the moment we don't know when he is coming out of hospital, but he has a good deal of leave due to him."

Asked what preventive measures were being taken at the school, she said: "None whatever. We are content that the doctor has everything very much under control."

Mr Pat Uys, father of tennis player Renee Uys and vice-chairman of the school board of governors, confirmed yesterday that a

Aids teacher's fight for life

Recipients of suspect blood to be traced in 'look-back' operation

By SHAUN HARRIS

A SEARCH is about to be launched in Natal for a number of people who may have received blood contaminated with the AIDS virus antibody.

The Natal Blood Transfusion Service has identifed about 20 regular blood donors who gave blood before AIDS screening began in August 1985.

The group tested positive for the AIDS antibody when screening began and they stopped donating blood.

The Transfusion Service is now identifying recipients of their earlier donations —before August 1985 — and will start tracing them this week through a network of health administrations, medical superintendents and finally their private doctors.

The deputy director of the Transfusion Service, Dr Clive Prior, could not say how many recipients of the AIDS antibody blood had been identified, but said the numbers were small.

"We know who most of them are and when they received blood. I will be sending out documents this week to the Regional Director of Health and the Director of Hospital Services.

"Information will then be passed on so that these people can be traced," Dr Prior said.

He emphasised that although the donors had tested positive for the AIDS antibody, it did not mean that the recipients had the antibody.

"The search is being conducted because we have identified people who received blood a couple of years ago which could be contaminated.

"When these people are traced, the doctor looking after them will decide whether they should be tested for the antibody, and obtain their consent," Dr Prior said.

Guidelines

The recipients have been identified by a "look-back programme" the Transfusion Service is about to launch.

The programme has been adapted from guidelines issued by the American Association of Blood Banks.

Dr Prior said that because the people being traced had received blood before August 1985, there was a very good chance they had not contracted AIDS.

"If they have not yet shown any signs of the AIDS virus, it is unlikely that they have been affected."

Dr Prior also said it was unlikely that the trace would reveal any people who had since died from AIDS-contaminated blood because the source of the virus was normally traced in AIDS victims and that to date only two cases of AIDS in South Africa were believed to have come from blood transfusions.

Condom vendors out in Pretoria

9/8/8 S Times (92)

By IVOR CREWS

THE installation of a coin-in-the-slot condom machine in a Pretoria nightclub may lead to criminal charges against the owners

Police removed the controversial machine this week and are investigating possible contraventions of the Liquor and Publications Acts

Condoms are already available from vending machines in three South African cities in an effort to combat AIDS

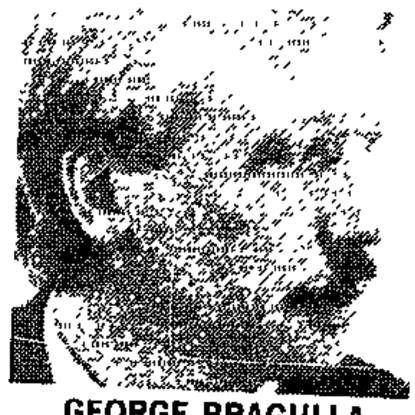
But some church groups and moral watchdogs in conservative Pretoria are outraged by the blatant sexual overtones of the machines and their effect on morals.

And late this week police pounced.

The vending machine that was installed at the Midnite Splash nightclub earlier in the week was removed by police from the premises, said co-owner Burger van Vuuren

Captain Johan Fourie of the Narcotics Bureau said police were investigating charges that the machine had been installed in contravention of the Liquor Act

A depiction of a female on the envelopes containing the condoms "possibly" contravened the Publications Act.



GEORGE BRAGULLA
Big demand for machines

But the director of the sole agents for vending machines in the country, Mr George Bragulla, has 100 awaiting installation countrywide.

A dozen or more have been installed in Johannesburg, Pretoria and Durban.

Until this week condoms have only been available from chemists, some supermarkets and cafes.

"Condoms have been available in vending machines in Europe and America for more than 20 years," said Mr Bragulla.

And health authorities countrywide — including the Minister of National Health and Population Development, Dr Willie van Niekerk — have backed the move in principle.

Mr Bragulla has had letters from the medical officers of health in Cape Town, Durban and Johannesburg supporting the introduction of condom vending machines.

He says it is a matter for the medical authorities and not the church to decide.

AIDS experts say the condom is the only known effective means to avoid contracting sexual diseases and AIDS.

Frightening statistics reveal there are 2 234 known AIDS carriers in South Africa. However, the real figure is said to be much higher.

Condoms will soon be readily available in hotels, nightclubs, restaurants and bars — selling in packets of three at R1 apiece — provided they do not transgress the law.

And moves are afoot to introduce them to ladies loos.

A survey in the US showed that up to 40 percent of all condoms bought were by women who wanted safe sex.

Cape Times 13/8/87 (92

Cape poster war to help fight Aids

Staff Reporter

GREATER Cape Town is soon to have a pamphlet and poster campaign on the dangers of Aids and how to avoid the deadly disease.

Dr L R Tibbit, medical officer of health for the Western Cape Regional Services Council, announced the launch of the campaign yesterday.

The pamphlets and posters were designed by the health education branch of Dr Tibbit's office and the sexually transmitted diseases co-ordinating committee for the Western Cape.

The posters, in English, Afrikaans and Xhosa, will be displayed in clinics, libraries and single-sex hostels. The pamphlets will be widely distributed.

"We decided on the campaign to tell people what Aids is, how they can get it, which is primarily through sex and the use of contaminated needles, how they can't get it, and how they can avoid it," said Dr Tibbit.

"The pamphlet asks those at high risk of contracting the disease, who are worried or who would like to know more about Aids, to contact their nearest clinic or their doctor.

"We will also be sending pamphlets and posters to the Department of Health and the National Aids Advisory Group."

Dr Reg Coogan, Cape Town's medical officer of health, said his department had for some months been distributing its own pamphlets on Aids at points around the city.

□ According to the latest Aids figures, 75 cases have been diagnosed in South Africa, 55 of them South Africans, with 2 234 known Aids virus carriers.

Free condoms at city clinics

Argus 14/8/87 (9)

Municipal Reporter

THE city health department supplies free condoms at all its clinics and has been running a pamphlet campaign on the dangers of Aids and venereal diseases for several months.

The free condoms were also on request to organisations, including the Gay Association of South Africa, said Dr Reg Coogan, Cape Town's medical officer of health.

He was reacting to a report that Port Elizabeth's health department intends making free condoms available to nightclubs and massage parlours in dockland to "slow population growth and tackle the Aids problem".

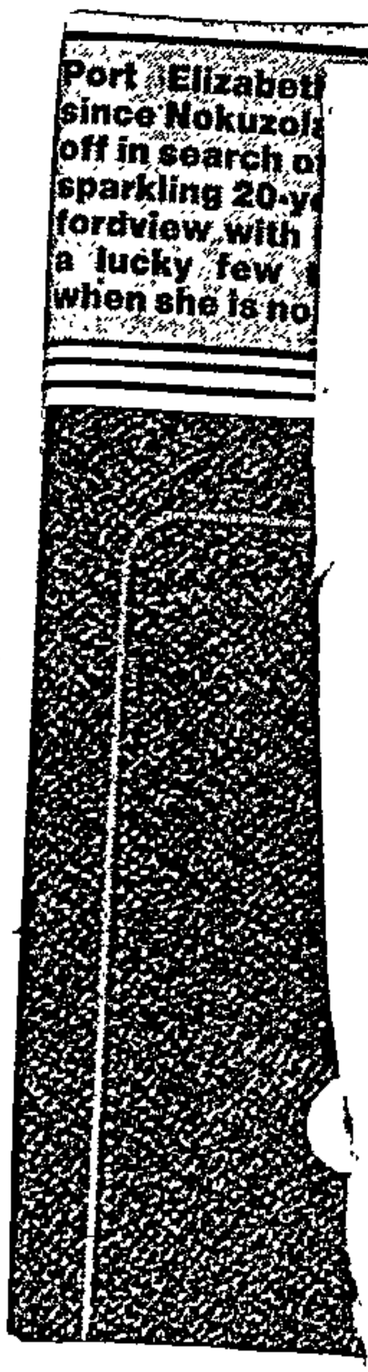
Port Elizabeth also hopes to open a clinic at the harbour which would provide pamphlets on Aids and other sexually transmitted diseases.

Dr Coogan said pamphlets on Aids, syphilis and gonorrhea, as well as locations and times of the department's clinics, were "widely distributed".

"They are at every suitable outlet we can find, such as the clinics and public toilets, and are given to any at-risk groups our inspectors and nurses come across," he said.

Such groups included school pupils, although Dr Coogan emphasised that this was done "with permission" and only to children of a suitable age.

Free condoms to nightclubs? "If the management asks, we'll supply them."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Shocking news for at least 10

AT least 10 people who were given Aids antibodies virus-infected blood from the Natal Blood Transfusion Service are unaware that they may have the deadly specture of the disease hanging over them.

The group were mistakenly given contaminated blood from regular donors before Aids testing of both donors and donated blood started in August 1985.

Two years ago a young Transvaal boy died when he developed Aids after being given contaminated blood.

The unfortunate people will soon be told they may have received contaminated blood and they will be given the option of being tested by the Natal Blood Transfusion Centre. – Sapa.

Fans a

Finding an Aids vaccine is toughest medical challenge

The true ethical and legal issue is each person's responsibility not to be a link in the virus's deadly chain, writes Brenda Almond.

Aids: a question not of survival but of morals

The problems involved in developing an effective Aids vaccine have been emphasised by new research findings which show how the human immuno-deficiency virus (HIV) invades living cells.

A study by scientists at Stanford University Medical Centre, California, found that the virus invades by a process which will be difficult to block and which occurs so rapidly that the virus may elude the defences that a vaccine-stimulated immune system can raise against it.

The findings, presented at the recent international conference on Aids in Washington, suggest that developing a successful vaccine will be more challenging than previous experiences with other viruses.

However, Dr Edgar Engleman and colleagues at Stanford believe that vaccines now being developed may be able to reduce the incidence of the disease and delay its progression in those individuals already infected.

Their research showed that HIV fuses to susceptible cells and then injects its core of genetic material into them, all in a matter of seconds.

This conclusion contradicts other work suggesting that the virus penetrates cells by a process which can be blocked by drugs. An effective vaccine would have to stimulate antibody production by the immune system to destroy the virus in the bloodstream before it invades these cells, Dr Engleman said.

It would also have to stimulate killing of lymphocytes already infected, because once inside the cells the virus is safe from antibody attack.

The fusion process of the virus was studied at Stanford by measuring accumulation of its genetic material inside exposed human cells. Drugs which can block other types of virus failed to prevent the HIV core from penetrating the cells.

The process appeared to be the same method by which HIV-infected cells bind to uninfected cells, forming large clusters. Such cell-to-cell fusion may help spread the virus and ultimately kill many of the body's protective white cells, Dr Engleman said. — *The Times.*

One single case stands out among the many complex statistics presented to the recent third international conference on Aids in Washington: that of a Belgian civil engineer who contracted Aids while working in Central Africa, returned home and, in the year or two before his illness emerged and his death, had sexual relations with 19 women. All were traced and 10 were found to be carrying the antibodies indicating the presence of the HIV virus.

Further statistics can readily be supplied by speculation and imagination. The engineer's address book was unlikely to be composed of women who confined their attentions solely to him and the multiplier effect is stunning in its implications. If each of the 10 had passed the virus to another six, who had passed it to . . . ?

Deadly chainletter

Here the urgency of the new campaigns aimed at heterosexuals becomes apparent. HIV infection, with its long latency period and its current essential untreatability, is a deadly chainletter in all "sexually liberated" societies.

Two solutions are proposed: abstinence or sexual relations with one partner only; and, by those who wish to preserve the basic pattern of the sexual revolution, condoms or "safe sex". But neither provides an adequate answer. Sex will never be confined entirely within the framework of long-term faithful relationships; often it will be reckless, irresponsible and unprotected.

What is more, one aspect of sex which always tends to be overlooked in the Aids controversy absolutely requires that it be unprotected, and that is sex which aims at pregnancy. Significantly, the motif for the fourth international conference on Aids in Sweden next year shows a man and a woman protectively holding the hands of a young child. The problem now for the world to address is nothing less than how to preserve the future.

But for the present generation, one other statistic may be cited — a statistic acquired independently of last month's conference. Staying with friends in a small apartment block on the borders of Greenwich Village in New York a day or two before the conference began, they told me matter-of-factly that three people in the block had died of Aids in the past year or so.

The response of some countries to the crisis is to introduce compulsory testing of particular groups such as prisoners, immigrants, or applicants for marriage licences to identify people who have contracted the virus.

This is a matter of controversy in the US, where the announcement of President Reagan's proposals on these fronts caused most of the protests and demonstrations at the Washington conference.

More countries have, however, agreed that Aids cases must be reported.

Meanwhile, researchers in many countries focus on cohort studies, studying the proportion affected in an arbitrarily selected group of people rather than the "cluster" studies that revealed the deadly ramifications of a James Bond lifestyle in the age of the jet plane in the case of the Belgian engineer. Clusters were very much in evidence, however, in the moving demonstration outside the Washington Hilton organised by gay activists, some of whom carried placards with names of eight or 10 dead friends.

Much of the opposition was directed against the "moralisation" of these issues, and truly moralising in any trite sense is out of place. Civil libertarians appeared, however, to draw the wrong conclusions from this. Indeed, a political polarisation developed in which some seemed to believe the protection of liberties was more important than the protection of life. There was talk of a "right to ignorance", meaning that one might justifiably ask not to be given devastating news of a positive test result.

But the true ethical and legal issue here is each person's responsibility not to be a link in the virus's deadly chain and public policy must be addressed to securing the support of all groups to address this problem seriously.

What is clear, however, is that in the absence of a vaccine or cure, the virus will increasingly move to the centre of the world stage. This will be precisely because the issue is *not* one of morals, not even one of rights, but one of survival. — *The Times.*

● *The author is reader in philosophy and education at the University of Hull.*

Children with Aids antibodies are treated like lepers at school

WASHINGTON - Three young brothers infected with Aids antibodies have become lepers in their hometown where a court decision allowed them back to school this week after a year of banishment at home.

Arcadia, Florida, a flyspeck of 6 002 inhabitants of little note until a year ago, has been branded "the town that has no pity" by one newspaper in a blaze of publicity on the boys which has seen townsfolk reluctantly catapulted into national US news.

Arcadians do not like the spotlight, were enraged by the pitiless label, and reject charges that they are a small town with a mentality which has led them to panic and ostracise Richard Ray (10) and brothers Robert (9) and Randy (8).

Parental rage and fear filled the town this week when the brothers returned to school after a federal court ordered that they be allowed back in.

Sheriff's deputies and police patrolled Desoto county's memorial elementary school as parents protested and waited outside, watched and filmed by hordes of news people.

It started about a year ago when Randy was hospitalised for surgery to remove polyps on his intestine. A laboratory test showed intibodies to the Aids virus in his blood. Both brothers also tested positive.

All three were born haemophiliacs, and were given "factor VIII", a plasma-based medication to promote coagulation and clotting which may have contained the virus. The Ray boys do not, however, have full-blown Aids or Aids-related complex - most haemophiliacs in America have Aids antibodies.

But the stigma stuck and parents were not having them nearing their offspring at the school. "They started in on my oldest when they found out he was kin to them, started nudgin' him away," said a relative who refused to have his name printed for fear of being linked with the Rays.

So the family sued the school board, and US district court judge Elizabeth Kovachevich ruled on August 5 that they be re-admitted to classes and the playground. She said "actual, ongoing injury" to the boys "clearly outweighs the potential harm to others."

Judge Kovachevich set down some conditions: The Ray boys were not to participate in an contact sports and, because Aids is known at this stage to spread only through body fluids (especially blood and semen), all sores be covered. Sex education was a must.

Schoolteachers and employees had to receive special instruction in blood spills, and were mandated to educate parents about Aids. This week, they were also stressing to pupils the importance of hygiene and good health habits.

Medical kits containing rubber gloves, bandages, disinfectant and sealed disposable containers are also to be posted around the school grounds.

"Hopefully, by the end of the year, we're going to have one of the best informed communities in the country," said school superintendent Larry Browning.

British MP carries Aids virus

LONDON — One of more than 70 British MPs said to have been tested for Aids is carrying the virus.

Some tests may have been taken by MPs travelling to countries requiring medical clearance.

Most of the MPs, from all parties, have been tested at a Harley Street clinic, where a consultant is said to have been suspended for making the disclosures. The MP whose test proved positive is said to be from the Labour Party, married and heterosexual.

grandfather this week as in Detroit on Sunday.

Fears of famine in Ethiopia

The Star Bureau

LONDON — The Ethiopian famine which killed about a million people in 1984/5 is almost certainly about to be repeated.

Relief agency and government officials in Addis Ababa say rains have failed in many parts of the country and they have appealed to the international community for food.

"It looks exactly the same as 1983. We must not wait for television to show again the horrifying pictures of hunger and death," said Mr Berhanu Jembere, head of Ethiopia's Relief and Rehabilitation Commission. He said that, unless aid came soon, the disaster could be on the same scale as before.

The failure of the main rains in large parts of the country has left early crops burnt and withered and late crops cannot now be sown because the ground is too hard.

All that can stop famine now is rain, but rain after such a drought will bring another catastrophe — locusts.

preparing the next convoy of ... Kuwaiti tankers and Navy warships. It ... mercial vess

Milestone in battle against Aids?

WASHINGTON — A milestone has been reached in the battle against the deadly Aids virus with government approval of the first human testing in the United States of an experimental vaccine.

But medical experts said a marketable vaccine ... be years off, advising that ... caution remained an important way to avoid spreading the disease.

Federal officials said yesterday the National Institutes of Health (NIH) had already begun recruiting about 75 healthy male homosexuals in the Washington, DC, area for initial clinical trials of the new vaccine.

The vaccine for acquired immune deficiency syndrome was developed by a private biotechnology company, MicroGeneSys Inc.

"Even if we are successful in developing a safe and effective vaccine, it will not be widely available for use until well into the 1990s," said Dr Anthony Fauci, a top Aids researcher with the National Institute of Allergy and Infectious Disease (NIAID).

"You're going to have to see how many people in the placebo group get infected versus the vaccinated group and that may take time."

Because of ethical constraints, vaccine makers cannot test the vaccine's effectiveness by deliberately exposing vaccinated individuals to the virus.

Instead, effectiveness is tested by watching vaccinated individuals over a long period to see if they develop the disease.

Health officials caution those at risk to abstain from sex, to develop monogamous relationships with uninfected sexual partners or to use condoms, and to avoid contaminated needles.

The Food and Drug Administration approved the human tests after the laboratory animals had responded to vaccination by developing high levels of anti-Aids antibodies. — Sapa-Reuter.

Dik Browne

Palestinians on

Glass loc

15 000 blacks may carry Aids virus

CAPE TIMES 20/8/87

92

Own Correspondent

JOHANNESBURG. — As many as 15 000 black people in SA could already be carrying the Aids virus, a blood transfusion conference heard yesterday.

Dr Maurice Shapiro of the SA Blood Transfusion Service said that from a random sample of 20 000 black pregnant women tested for the Aids virus, nine were found to be Aids-positive.

"If we take that as a basis, it means that among SA's 30-million blacks, there are already 15 000 individuals carrying this virus."

A test of 15 000 black men showed five had been exposed to the virus.

Dr Shapiro said that in SA most of the publicity given to the Aids issue by the media had been about the dangers of homosexual behaviour, particularly among whites.

But there had been very little about the presence of the HIV virus among blacks except to assure the population that it was uncommon, even though there had been few investigations into the situation.

Of 1 000 promiscuous white homosexuals tested for the virus in 1985, when Aids was first widely publicized, 500 were shown to be HIV-positive.

A year later, of the 500 who did not show positive in the first test, 18 were found to be positive while in the third year, only six to eight were found to be positive, he said.

The figures showed that in a literate and educated community, HIV in homosexuals had become "virtually a self-limiting condition". "But the same cannot be said about the low-income group population, particularly blacks."

He said sexual mores and overcrowding were two reasons why the incidence could increase "at a very considerable rate and we may soon find a position not dissimilar to that in Central Africa".

Massive population testing had been rejected on economic grounds. But during the testing of 15 000 people, the laboratory costs were estimated to be less than 10c per test.

He said government could have set up a national programme to test all SA blacks for the virus for the amount (R3,2m) it had spent on promoting a song.

Studies in Africa showed that Aids was primarily an urban disease among blacks.

MEDICINE

Aids vaccine to be tested on humans for first time

WASHINGTON. — A potential Aids vaccine will be tested on humans, the first time such tests have been permitted in the United States, say published reports.

The Food and Drug Administration (FDA) has given approval to MicroGeneSys Incorporated of West Haven, Connecticut, to do the limited tests.

FDA spokesman Mr Bill Grigg said he could not confirm the reports because it is up to the company to make such announcements.

First approved

However, he said that if the reports were confirmed, the company would be the first to receive agency approval.

Telephones at the company and the home of president Franklin Volvovitz went unanswered Monday evening.

The Washington Drug Letter, which monitors FDA actions, said the product was made from non-infective envelope proteins of the Aids virus rather than the virus itself, meaning the vaccine could not accidentally transmit acquired immune deficiency syndrome.

Most candidate vaccines use this procedure, taking a piece of the outer coat of the virus and using the protein to generate antibodies.

Clinical trials of the potential vaccine will be done at the National Institute of Health's Institute for Allergy and Infectious Diseases in Bethesda, Maryland, a Washington suburb, said the reports.



The Washington Post reported that the first round of tests would be on uninfected volunteers to check for side effects and to see whether the vaccine could raise an immune response. That testing is expected to start by October.

The testing to see if the vaccine actually prevents Aids would occur later, according to researchers quoted by the newspaper, and it would be at least five years before a vaccine could be approved for general use if the tests succeed.

About five patients have been chosen for the first phase of the clinical trials.

French experiment

There has been at least one experiment with an Aids vaccine outside the United States.

That occurred last year in France, when Dr Daniel Zagury of the Pierre and Marie Curie University in Paris immunised himself and a dozen other people in France and Zaire.

Dr Zagury said the test produced no toxic reactions and raised antibodies, but that the strength of the immune reaction was too little to justify larger-scale tests.

MicroGeneSys, which was founded in 1983 and employs about 30 people, specialises in developing vaccines for various diseases.

The newsletter said the FDA was still deciding whether to approve clinical studies with Aids vaccine proposals from the Institute of Immunological Disorders in Houston and Ocogen, a division of Bristol-Myers.

Aids is a disease in which a virus attacks the body's immune system, leaving victims susceptible to a wide variety of infections and cancers.

Claimed 19 394 lives

Up to March 30, Aids has been diagnosed in 33 482 people in the United States and claimed 19 394 lives, according to the Centres for Disease Control in Atlanta.

Aids is most often transmitted through sexual contact. Other means of transmission include transfusions of tainted blood or blood products, and the sharing of contaminated hypodermic needles or syringes by drug abusers.

Aids can also be passed from mother to child at, or before, birth. — Sapa-AP.

'15 000 SA blacks could have AIDS'

AS MANY as 15 000 blacks in SA could already be carrying the AIDS virus, a conference heard yesterday.

Dr Maurice Shapiro of the SA Blood Transfusion Service said that, from a random sample of 20 000 black pregnant women tested for the virus, nine were found to be AIDS-positive.

"If we take that as a basis, it means that among SA's 30-million blacks, there are already 15 000 individuals carrying this virus."

DIANNA GAMES

Speaking at the 21st blood transfusion conference in Johannesburg, Shapiro said a test of 15 000 black men showed five had been exposed to the virus.

He said most of the publicity given to the AIDS issue by the SA media had been about the dangers of homosexual behaviour, particularly among whites.

But there had been very little about the presence of the HIV virus among blacks except to assure the population it was uncommon.

He said sexual mores and overcrowding were two reasons why the incidence could increase "at a very considerable rate and we might soon find a position not dissimilar to that in central Africa".

● See Comment Page 8

CAPE Times 20/8/82 (92)

Man plunges seven floors — and lives



MIRACLE ESCAPE 1: Ms Eva Jacobs who was hit by the legs of the man who fell through the canopy of the flowermarket.

By JOHN VAN DER LINDEN

AN unidentified man is in a serious condition after falling seven storeys yesterday from the Grand Parade Building in the central city on to the canopy of the Adderley Street flower market.

The man probably escaped death because his fall was broken by a steel-and-glass canopy — and a flower seller, Mrs Eva Jacobs, whom he hit but did not seriously injure as he plummeted to the ground.

The man, in his mid-30s, took the lift to the 7th floor, where the caretaker of the building, Mr Eddie Goliath, saw him climbing through a window just before 3pm.

A shocked Mr Goliath immediately told an OK Bazaars buyer, Mr Bryan Donaldson, who ran to investigate.

Yesterday Mr Donaldson said he had gone to the window — where he had seen only the man's knuckles as he dangled outside the window.

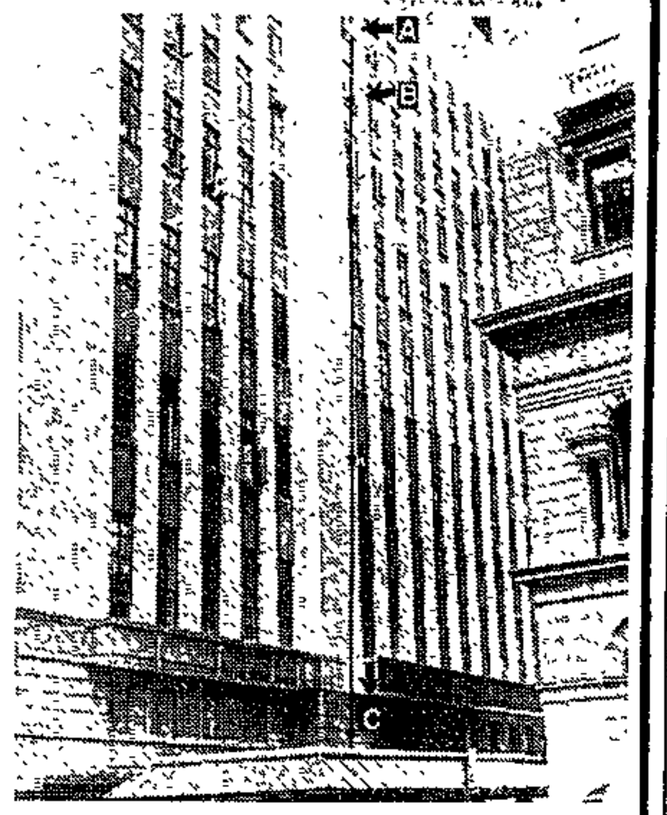
"I ran to the window and grabbed him by his arms to hold him. I held on tightly, but his clothes — a blue track-suit top — slipped, and he went down out of my grasp.

"I stared in horror, only to see him jerk up short as his pants snagged on the open window of the floor below. He just hung there motionless, saying nothing. I shouted at him to hold still, but before I could run down and grab him he pulled his trousers free and I saw him fall away until he hit the glass-and-iron canopy of the flower market down below.

"He smashed through it, seemed to hit one of the women, landed on a concrete table and rolled on to the floor where he lay motionless and bleeding," Mr Donaldson said.

After the man smashed through the canopy of the flower market, Mrs Jacobs, who had been hit by his flailing arms or legs, jumped away as others started to scream. She later said her arm, chest and neck were a little sore.

A spokesman for Groote Schuur Hospital said the man's arms and legs were badly injured and he would need surgery. His condition was serious but was stabilizing and it seemed he had suffered little internal injury.



MIRACLE ESCAPE 2: A man fell from the seventh storey **(A)** — and lived. After his trousers hooked on a window **(B)** he fell on to the canopy **(C)** of the flowermarket. Pictures: ANNE LAING

(92) MD 20/8/87

Aids threat looming among SA blacks?

JOHANNESBURG — As many as 15 000 black people in South Africa could already be carrying the Aids virus, a conference heard yesterday.

Dr Maurice Shapiro of the SA Blood Transfusion Service said from a random sample of 20 000 black pregnant women tested for the Aids virus, nine were found to be Aids-positive.

He said: "If we take that as a basis, it means that amongst SA's 30-million blacks, there are already 15 000 individuals carrying this virus."

Speaking at the 21st blood transfusion conference in Johannesburg yesterday, Dr Shapiro said a test of 15 000 black men showed five had been exposed to the virus.

Dr Shapiro said in SA most of the publicity given to the Aids issue by the media had been about the dangers of homosexual behaviour, particularly among whites.

There had been very little known about the presence of the HIV virus among blacks except that it was uncommon.

Of 1 000 promiscuous white homosexuals tested for the virus in 1985, when Aids was first widely publicised, 500 were shown to be HIV-positive.

A year later, of the 500 who did not show positive in the first test, 18 were found to be positive while in the third year, only six to eight were found to be positive, he said.

The figures showed that in a literate and educated community, HIV in homosexuals had become "virtually a self-limiting condition, but the same cannot be said about the low income group population, particularly blacks."

He said sexual mores and overcrowding were two reasons why the incidence could increase "at a very considerable rate and we may soon find a position not dissimilar to that in central Africa", he said. — DDC

SA 'has 15 000 black Aids carriers'

(92 Star 20/8/87)

There are an estimated 15 000 carriers of the Aids virus among South Africa's black population, the deputy director of the South African Blood Transfusion Service (SABTS), Dr Maurice Shapiro, said yesterday.

Speaking at the SABTS annual congress in Johannesburg, Dr Shapiro said Aids was being transmitted among black people through heterosexual contact and was likely to spread fast.

"It can be predicted that in due course the incidence of carriers among blacks in South Africa will rival that of some of the black States further north unless something is done to halt the spread," said Dr Shapiro.

Every person in South Africa could be tested for Aids for less than it cost the Government to produce the "Info" song, he said.

"This Aids test is highly sensitive and specific and the cost is less than 10 cents a head, inclusive of the cost of expensive confirmatory tests," he told the congress.

Dr Shapiro said that assuming it were possible to test every person in South Africa, the cost of the reagents would be no more than R3 million.

"Timeous action is urgent. The time to call the fire department is when you smell smoke not when the rafters are already ablaze and the roof is about to cave in."

US tourism to Africa hit by Aids fear

WASHINGTON — Travellers to Africa can take precautions against contracting the Aids virus, but they could be in trouble if they have a serious accident in an isolated area, US government and health officials say.

"Almost everybody who goes is concerned," said Mr Rob Callard, a State Department official who fields calls from inquiring US citizens.

Mr Harvey Shields of the Commerce Department's Travel and Tourism Administration said figures indicated that the number of US departures for Africa had been "dropping like a rock" over the last few years.

Fear of Aids may be a factor in the decline, but Mr Shields said there are also other reasons: political unrest, high costs, the anti-apartheid movement in South Africa and a ban on South African Airways' US landing rights, which took effect last fall.

Statistics show the number of US departures for Africa declined 13 percent to 113 000 in 1985, and dropped another 35 percent to 74 000 in 1986. Departures were down 47 percent for the first three months of this year.

Despite the attention given the Aids epidemic, other diseases such as yellow fever and malaria are also potentially serious problems, officials said. Automobile accidents are a major killer in Africa where roads are poor.

But Aids worried Republican Representative Mr Jack Fields so much that he asked the State Department for a list of hospitals in Africa that screen blood for the Aids virus.

"Given the high incidence of Aids in Africa and the potential for a hunter needing a blood transfusion, all of us in the delegation have been gravely concerned," Mr Fields wrote.

Mr Fields, an avid big-game hunter, was spending the August recess on a trip to Zimbabwe and Namibia with other hunters, said his Press secretary. — Sapa-AP.

Surprise results in Aids study

NEW YORK — The Aids virus may lie dormant for an average of eight years before causing disease in adults infected by blood transfusions, a new study suggests.

That dormancy may last only about two years in very young children, according to the analysis. It also estimated a shorter incubation occurs in males than females, said Mr Graham Medley of the University of London.

Past studies have estimated over-all average incubation times at from 4,5 to 15 years.

The new work, by scientists in London and the University of Georgia in Athens, appears in today's issue of the British journal, *Nature*.

92

NOT ALL CASES

Mr Medley said the projections did not necessarily apply to people infected by means other than blood transfusion or injection of blood products.

The new study used mathematical techniques to extrapolate from data on 297 people who received tainted blood or blood products between April 1978 and February 1986, and who were diagnosed with Aids between January 1982 and June 1986.

The analysis also projected average incubations of 8,77 years for females and 5,62 years for males. The researchers cannot explain the difference and are now checking to see if it is statistically significant.

Mr Harold Jaffe of the federal Center for Disease Control said the result may be a statistical illusion.

Many men who get transfusions are undergoing coronary bypass surgery, so heart disease may shorten their average life expectancies and bias the Aids gender data, he said. — Sapa-AP.

Aids shock after seven-storey fall

CAPE TIMES 22/8/87 92

By CHRIS ERASMUS, RENEE MOODIE and JOHN VAN DER LINDEN

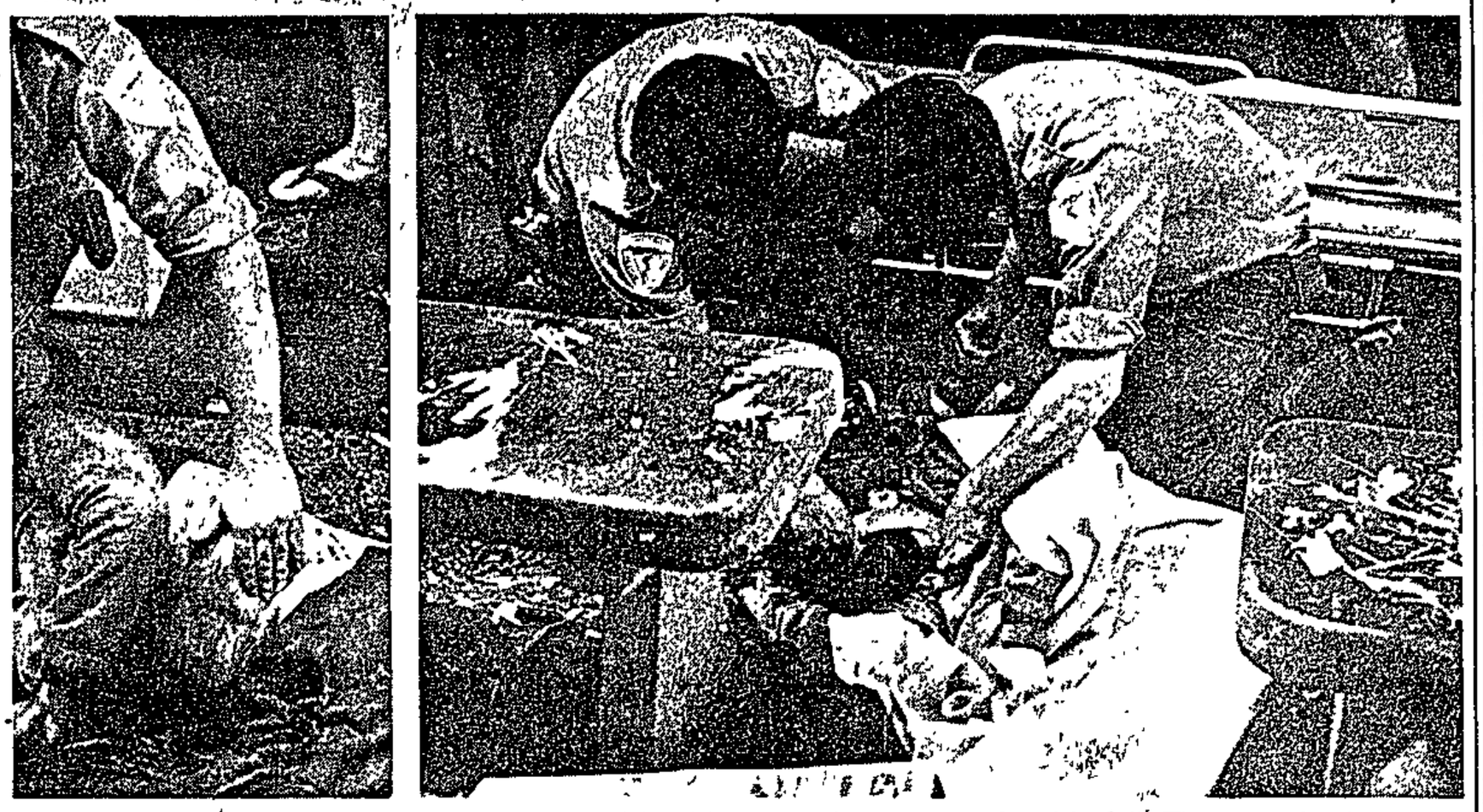
MR MARTIN MELCK Jnr, who plunged from a seventh-storey window on to the Adderley Street flower market on Wednesday, is a carrier of the Aids virus.

This was disclosed yesterday while Mr Melck, 37, the eldest son of a prominent Cape family well-known in agricultural and racing circles, was in a "stable but critical" condition in Groote Schuur Hospital He received extensive injuries in the fall.

Mr Melck, who apparently climbed out of a high-rise window of the Grand Parade Building, was saved from an almost certain death when his fall was broken by the steel-and-glass canopy covering the flower-sellers' stalls.

He landed on a flower seller in the service lane between Adderley and Parliament streets.

Mr Martin Melck Snr and his wife Wenda were last night shocked to learn that their eldest son was a carrier of the HIV virus.



AIDS VICTIM . . . Mr Martin Melck is treated by Metro workers soon after his fall. The men in these two pictures are not wearing protective gloves, but the head of the Emergency Services Centre, Dr Alan MacMahon, said because they had no open wounds there was no real risk of infection. Pictures: ANNE LAING

Infection

During an interview with the Cape Times in their Claremont home, Mr Melck said he had first heard the news yesterday afternoon.

Mr Melck Jnr's fall has revived fears of accidental infection of health and rescue workers responding to trauma cases where the victim is a carrier of the virus known as HIV.

In the initial stages of treatment, at least two Metro rescue workers handled Mr Melck without gloves.

Bystanders, one wearing only beach thongs, stood in the pool of blood.

The flower seller received cuts and abrasions to her arm from falling glass when Mr Melck crashed through the canopy and on to her.

Yesterday she was badly shocked to hear from the Cape Times that Mr Melck was a carrier of the Aids virus.

She said no one had yet contacted her to warn of the potential dangers of Aids virus infection.

Dr Frank Spracklen, a member of the national Aids Advisory group, said it was important for the public to realize that they were potentially as much at risk as doctors and emergency workers in an accident of this nature.

Dr Alan MacMahon, consultant in charge of the city's Emergency Services Centre and of the Cape Ambulance Rescue Service, last night ruled out any real risk to the Metro workers concerned.

He said they had no open wounds through which the Aids virus could have entered their blood streams.

Mr Melck Snr said: "This has all been such a shock. The first time I heard that Martin was a carrier of the virus was this afternoon when the press called and asked me about the incident.

"Martin had been very depressed for some months and had been treated by a city specialist before he was referred several weeks ago to the neuro-clinic at Valkenberg Hospital for further treatment

"He seemed to be making magnificent progress there. Then, out of the blue, on Wednesday afternoon about 5pm a doctor from Groote Schuur Hospital trauma unit phoned us to say that Martin had had this fall.

Not informed

"I don't know why the hospital didn't tell us that Martin had this virus — it was such a shock to hear it from the press. I was completely shattered."

Dr G M Garrett, medical superintendent of Valkenberg Hospital, last night confirmed that Mr Melck Jnr was a patient at the hospital.

Asked if the hospital was aware that Mr Melck was a carrier of the virus, Dr Garrett said he believed that the consultant treating Mr Melck was aware of this fact.

Groote Schuur Hospital spokesmen said yesterday that Mr Melck's parents were not informed that he was a carrier of the virus because they were "respecting his right of patient confidentiality".

"We do not disclose information until we are asked to do so, and we were not asked. Mr Melck (Jnr) has known from early this year that he had HIV anti-bodies, but apparently chose not to tell his parents," said one senior spokesman.

Another spokesman said earlier that hospital staff in the trauma ward where Mr Melck was brought after the fall — as well as surgical staff who treated him for multiple fractures to his arms and legs — had taken the necessary precautions and the chances of their becoming infected with the virus were negligible.

"We have protocols to deal with patients suspected of having HIV or other infectious conditions. The staff have a high index of suspicion, especially where there are broken bones and blood is splattered about.

"When he came in, routine protective procedures were adopted and once it was confirmed that he was positive to the HIV antibodies, the necessary steps were taken, and still are being taken, to protect both staff and other patients."

Dr MacMahon said he had ruled out blood tests on Metro personnel who dealt with Mr Melck because they had put on protective gloves immediately after initial checks had been made on Mr Melck where he had fallen and because it was considered that they had been exposed to "no risk at all".

"However, we will now obviously have to consider changing our procedures in such trauma cases. We may decide to have the rescue worker who is not driving put on protective gloves before the team arrives at the rescue scene so that at least one of the team is fully protected beforehand."

But, he said, it was very difficult to enforce such a ruling, considering that Metro answered 156 000 calls each year.

US allows Aids tests on humans

A KEY milestone has been reached in the battle against the deadly Aids virus with government approval of the first human testing in the United States of an experimental vaccine.

But medical experts said a marketable vaccine may be years off, advising that sexual caution remained an important way to avoid spreading the disease.

Federal officials said the National Institute of Health had already begun recruiting about 75 healthy male homosexuals in the Washington area for initial clinical trials of the new vaccine.

The vaccine was developed by a privately owned biotechnology company called Microgenesys Incorporated, of West Haven, Connecticut.

"Even if we are successful in developing a safe and effective vaccine, it's very likely that one will not be widely available for use until well into the 1990s," Dr Anthony Fauci, a top Aids researcher with the National Institute of Allergy and Infectious Diseases, told reporters.

"It isn't like you're dealing with an infection – like influenza, where you immunise somebody in November, the epidemic comes in January, and you know by May whether or not it's effective," said Fauci.

"That's not going to happen here. You're going to have to see how many people in the group get infected versus the vaccinated group, and that may take a very long period of time," said Fauci.

Because of ethical contraints and the deadlines of Aids, vaccine makers cannot test the vaccine's effectiveness by deliberately exposing vaccinated individuals to the virus.

Seven-floor jumper was Aids victim on run from hospital

ST Times 23/8/87 92

AN AIDS victim who survived a seven-floor jump from a city-centre building this week had run away hours earlier from a hospital where he was having psychiatric treatment.

His fall came seven months after six Cape Town paramedics were isolated after they had been exposed to the shattered body of another AIDS virus carrier who leapt to his death from Chapman's Peak.

Late yesterday Mr Martin Melck, 39 — eldest son of a

By EUGENE ABRAHAMS

prominent Cape family well known in agricultural and racing circles — was still in a "serious but stable condition" in Groote Schuur Hospital.

Meanwhile, two doctors have ruled that Metro paramedics who helped Mr Melck and flower-seller Mrs Eva Jacobs, who was narrowly missed when he fell, are in no danger.

Dr Alan McMahon, consultant in charge of the city's Emergency Services Centre, said the Metro workers had no open wounds through which the AIDS virus could have entered their bodies.

Absconded

Dr Frank Spracklen, a member of the national AIDS Advisory group, said there was a "slight risk", but the chances were minute — "about three in 2 000" — that they would be affected.

Mr Melck's clinician at Valkenberg Hospital — where Mr Melck had been a patient for six months — said he had known about his patient's AIDS infection.

"When he was admitted, he told me he had AIDS. He said it had been diagnosed when he was at another hospital," he said.

Mr Melck, who was in the Therapy Block at Valkenberg Hospital, absconded on Wednesday afternoon.

Dressed in a tracksuit, he made his way into Cape Town and to the OK Bazaars building in Adderly Street.

Mr Ibrahim Hassen, a lift-operator at the OK's Grand Parade building, said Mr Melck asked to go to the seventh floor.

The caretaker, Mr Eddie Goliath, said he saw a man sitting on a windowsill in the lift lobby overlooking the flower-sellers' alley.

"I called the OK Bazaars senior food buyer, Mr Bryan Donaldson, who was walking down the corridor."

Dangled

Mr Donaldson said he leant out of the window and grabbed Mr Melk's jacket as he fell.

"But his jacket peeled off," said Mr Donaldson. "An open window a floor below caught his trouser leg and he dangled in midair.

"I told him not to move as I was coming down to help him, but he freed his leg and fell . . . through the glass roof and onto the ground near the flower-sellers."

Mrs Jacobs, a flower-seller for 37 years, escaped injury by moving from her spot to attend to a customer.

Aids suicide bid: Doctors call for clinics, education

LAST WEEK'S attempted suicide by a city Aids virus carrier, Mr Martin Melck, yesterday led to a call on the government to explain what it had done in establishing clinics and in Aids-related education — but the government said clinics had already been set up and an educational programme was under way.

Mr Melck, who plunged from a seventh-storey window on to the Adderley Street flower market on Wednesday, was later confirmed by hospital spokesmen to be an HIV virus carrier.

He was in a serious but stable condition yesterday.

Dr Dennis Sifris, head of the Aids unit at Johannesburg Hospital, yesterday said most Aids-related suicides were caused by inadequate counselling. Proper counselling before and after the tests could avoid hardship and trauma.

He called for education on the necessity for behavioural change so as to prevent the spread of Aids. "Anybody who is not in a monogamous relationship should practise safe sex and use condoms," he said.

Several city doctors expressed concern that the government — which promised earlier this year to establish clinics aimed specifically at Aids — seemed to be dragging its feet in setting up the clinics.

Dr Marius Barnard, PFP spokesman on health, called on the government to detail its clinic and education programme..

Dr G S Watermeyer, deputy director-general of the Department of National Health and Population Development, said yesterday that clinics had been set up at provincial hospitals using existing staff.

Aids tests for flower seller?

(92)

JOHANNESBURG — A flower seller, Mrs Eva Jacobs, who was exposed to Aids-virus infected blood when Mr Martin Melck Jnr crashed through her Adderly Street flower market canopy and on to her last week, is to undergo tests to determine whether she has contracted the virus.

A member of the national Aids Advisory Group, Dr Frank Spracklen, said yesterday Mrs Jacobs should have her blood tested to see if she has developed HIV (Aids virus) anti-bodies in one month's time. Thereafter she should have another test in three months and again in six months.

"If at that time she is still negative, it is almost certain that she has escaped infection," he said.

Mrs Jacobs was put at potential risk of contracting the virus after Mr Melck crashed through the canopy, showering her and other flower sellers with glass and blood. Some of the falling glass cut her right arm, creating conditions for Mr Melck's infected blood to enter her bloodstream.

However, Dr Spracklen said Mrs Jacobs stood only a three in 2 000 chance of infection. — DDC

DD 25/8/87

CAT Times 25/8/8 p 92

Flower seller to go for Aids test

By CHRIS ERASMUS

MRS Eva Jacobs, the Adderley Street flower seller who last week was exposed to Aids virus-infected blood when Mr Martin Melck Jnr crashed through the flower market canopy and on to her, is to undergo tests to determine whether she has contracted the virus.

Dr Frank Spracklen, a local member of the national Aids Advisory Group, said yesterday that Mrs Jacobs could come to him for counselling and tests, though it was pointless for her to have the tests too soon.

"She should have her blood tested to see if she has developed HIV (Aids-virus) anti-bodies in one month's time. Thereafter she should have another test in three months and again in six months," said Dr Spracklen.

"If at that time she is still negative, it is almost certain that she has escaped infection."

Mrs Jacobs was put at potential risk of contracting the virus after Mr Melck crashed through the canopy, showering her and other flower sellers with glass and blood. Some of the falling glass cut her right arm, creating conditions for Mr Melck's infected blood to enter her bloodstream.

However, Dr Spracklen said that overseas studies on hospital staff who had pricked themselves with needles used on Aids and Aids virus-infected patients showed that even if some infected blood entered one of the wounds on her arm, Mrs Jacobs stood only a three in 2 000 chance of infection.

"Infection with HIV is not nearly as easy as with some other blood-borne viruses such as those which cause Congo fever and hepatitis B, and it is dose-related, so that even if a little infected blood entered her system, which is by no means certain, it is not necessarily the case that she will go on to develop infection," he said.

Mrs Jacobs said no medical authorities had yet approached her, but that she would take up Dr Spracklen's offer and seek tests for infection with the virus.

Other flower sellers at the market last Wednesday when Mr Melck plunged from a seventh-storey window, breaking both legs and an arm, are also believed to have been exposed to his blood, though it is not known if they too were cut or had open wounds through which the virus could have infected them.

However, Dr Spracklen said that if any other flower sellers or bystanders at the scene were exposed to Mr Melck's blood, they too could consult him.

● A spokesman for Groote Schuur Hospital, where Mr Melck was taken after his fall, said yesterday that the injured man was "still critical".

Cape Times 26/8/87 p2

First SA congress on Aids planned

By CHRIS ERASMUS

SOUTH AFRICA'S first international Aids congress is to be held in Johannesburg early next year in a bid to establish strategies to prevent the deadly disease getting a grip in South Africa.

Announcing the Medical Research Council's intention to hold the congress, the president, Professor A J Brink, said yesterday that it wanted to provide objective information covering its source and pattern in the community to its control, treatment and psycho-social implications.

Leading overseas authorities on Aids would be invited, but it was still premature to discuss which specific experts would be attending, he said.

"Our aims in holding this conference are to emphasize the educational and preventive aspects. We want to create an up-to-date perspective, with a view to future handling of the disease," he said.

The aim of the conference, scheduled for the end of next April, was to develop strategies to deal with Aids. It was still relatively controlled in South Africa, but had the potential to become a serious health threat.

Professor J Metz, director of the South African Institute of Medical Research, said South African records of the extent of the spread of the Aids-causing HIV virus were as good as those of most countries in the world, with a central record of all incidents of infection being kept.

About 1,5 million SA blood donors had been tested for the virus by the blood-transfusion services, and an incidence of about 8:100 000 had been found, he said.

"It is dangerous to extrapolate this data to the general population, but if we were to do so we could estimate the (minimum) number of HIV carriers in South Africa to be about 2 500. I must, however, emphasize that there is no real scientific evidence for this figure."

Professor Metz also said that while black South Africans carriers of the virus had been known of for about two years, none had yet developed full-blown Aids, although that was "just a matter of time".

Own Correspondent

LONDON. — The Soviet parliament has passed a new law to allow for compulsory testing for the disease Aids.

The new measures apply to Soviet citizens and foreigners.

Officially, 17 Soviet nationals have Aids.

The new legislation stipulates jail terms of up to eight years for anyone knowingly passing on the disease.

It is reported here that a number of foreign students, particularly from Africa, are being repatriated by the Soviets because they have been found to be Aids-positive in government tests.

Aids tests for escort agencies?

By ADA STUIJT
Tygerberg Bureau

POLICE have asked local authorities countrywide for their opinion on the screening of escort agency employees for Aids.

A Western Cape police spokesman, Lieutenant Attie Laubscher, yesterday confirmed that a poll was being conducted and said the results would be analysed in Pretoria before a decision was made on the whole question of escort agencies.

Eight municipalities in the Western Cape had already replied to the questionnaire.

● Meanwhile, the Newspaper Press Union's management committee has asked members to "clean up their advertising of escort agencies".

The NPU made the decision recently after considering a request to ban all escort agencies' advertising "as they openly promote prostitution".

Aids-carrying boys back at boycott-hit school

ARCADIA (Florida) — Three hemophiliac brothers carrying the Aids virus returned to their police-guarded elementary school this week despite death threats and a boycott, but nearly half the schoolchildren stayed away from class.

"The boys are excited to be back in school. They're under enormous pressure," said Mr Bill Earl, an attorney for the family, who accompanied the brothers to Memorial Elementary School.

Plainclothed DeSoto County sheriff's deputies patrolled the corridors and grounds, but there were no demonstrations.

Ten-year-old Ricky, nine-year-old Robert and eight-year-old Randy Ray had been barred from school for nearly a year after tests proved they had been exposed to Aids.

A parents' group, Citizens Against Aids in Schools, called for a week-long boycott in this central Florida city after a federal court ordered that the boys be allowed back to school.

School officials were expecting a first day enrollment of 632 students from kindergarten to fifth grade, but actual attendance was only 337.

The Rays kept their sons in seclusion this week after the family received four threatening telephone calls. One hysterical caller said: "Your children will die," and another threatened to burn down their house.

About 500 people attended a boycott rally on Friday night. Group members said, however, they would not picket Memorial Elementary School or make any show of force when classes resumed.

Doctors believe the brothers, all hemophiliacs, were exposed through plasma-based medication they take to clot their blood. They do not have Aids or symptoms related to the disease. — AP.

The MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) 664: specified date 8 June 1987.

(2) (a)

Post level	Number of persons employed
1	1
2	1
3	4
4	8
5	22
6	11
7	33
8	13

(b) (i) 88.

(ii) 5.

(c) Whites: 93;
Coloureds: Nil;
Indians: Nil;
Blacks: Nil.

(3) (a)

Post level	Salary scale with effect from 1 July 1987
1	R119 136
2	R75 993
3	R70 017
4	R62 199
5	R54 954
6	R48 879 – 50 709
7	R43 389 × 1 830 – 47 049
8	R33 624 – 34 803 × 1 431 – 39 096/40 527 × 1 431 – 43 389 × 1 830 – 47 049.

(b) (i) Annual service bonus that amounts to 93% of one month's salary.

(ii) Housing subsidy on interest and capital redemption up to a maximum of a housing loan of R50 000,00, subject to the compliance with certain conditions.

(iii) Car financing scheme for officers occupying posts in the *management echelon* (ie those officers who are in receipt of an annual salary of R54 954 fixed and higher). The amount payable varies for each level as it is based on an officer's grading.

HoA

Reply substituting reply to Question 241 on 28 and 31 July 1987, put by Dr M S Barnard (Col 431 and Col 448):

Aids

241. Dr M S BARNARD asked the Minister of National Health and Population Development:

How many carriers of the acquired immune deficiency syndrome virus had been identified in respect of each race group in South Africa as at the latest specified date for which information is available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Whites	1 140
Coloureds	31
Indians	3
Blacks	*1 093
Unknown	57
Total	2 324

*Of which 946 were miners.

FRIDAY, 28 AUGUST 1987

†Indicates translated version.

For written reply:

General Affairs:

Group Areas Act

342. Mr J J S PRINSLOO asked the Minister of Justice:†

(1) Whether any criminal cases have been heard in terms of the Group Areas Act, No 36 of 1966, since 1 January 1987; if so, how many such cases have been heard in (a) district and (b) regional courts in each province;

(2) whether any eviction orders have been made by courts since that date against persons who occupied premises in contravention of the provisions of the said Act; if so, how many such orders have been made in (a) district and (b) regional courts in each province;

(3) in respect of what date is this information furnished;

(4) whether he will make a statement on the matter?

The MINISTER OF JUSTICE:

(1) Yes.

(a) 1 (Transvaal)

(b) 0.

(2) No.

(3) 1 January 1987 to 31 July 1987.

(4) A statement is not necessary.

Own Affairs:

~~Teachers: handicapped~~ pupils

64. Mr M J ELLIS asked the Minister of Education and Culture:

(1) Whether his Department intends making it compulsory for persons teaching at training centres for mentally handicapped children to have a special qualification for teaching such pupils; if so, (a) what diploma will be required and (b) what will be the duration of this diploma course;

(2) whether this course will be available on a part-time basis; if so, at which institutions?

The MINISTER OF EDUCATION AND CULTURE:

(1) No, although the ideal is for every post incumbent to have such a qualification a specialised course is at present a recommendation.

(a) and (b) Fall away.

(2) Falls away. However, a two-year diploma course in Special Education for the Severely Mentally Handicapped, is available on a part-time basis. It is offered by the University of South Africa.

Schools of industry/reform schools/technical colleges

65. Mr M J ELLIS asked the Minister of Education and Culture:

Whether his Department intends altering the functions of the governing bodies of (a) schools of industry, (b) reform schools, (c) schools for special education, (d) training centres for mentally retarded children and (e) technical colleges; if so, (i) what changes are to be introduced in each case and (ii) when will these changes become effective?

The MINISTER OF EDUCATION AND CULTURE:

(a), (b), (c), (d) and (e) No, not for the present. The proposed Act on Education Affairs may have the result that anomalies which may exist are eliminated.

(i) and (ii) Fall away.

Mentally handicapped children: training centres

66. Mr M J ELLIS asked the Minister of Education and Culture:

Whether his Department intends changing the formulae for nominating persons to the governing bodies of (a) training centres for mentally handicapped children and (b) special schools; if so, (i) what are the present formulae, (ii) what changes will be made to each formula and (iii) why are these changes being made?

The MINISTER OF EDUCATION AND CULTURE:

(a) and (b) No, not for the present. The proposed Act on Education Affairs may have the result that anomalies which may exist are eliminated.

(i), (ii) and (iii) Fall away.

Cultural affairs: regional councils

67. Mr R M BURROWS asked the Minister of Education and Culture:

What are the names of the persons serving on each of the regional councils for cultural affairs falling under the control of his Department?

The MINISTER OF EDUCATION AND CULTURE:

The following persons have been appointed to the different regional councils for cultural affairs for a three year period from 1 August 1987:

last annual conference this weekend, deeply split over whether to vote itself out of existence after only six years of political life.

Judge gets Contra info

GENEVA — A Geneva judge said yesterday he had received the first cartons of documents from two Swiss banks on secret accounts held by up to 20 figures in the Iran-Contra affair.

REPORTS: Sapa-Reuter, AP-DJ

people in Birmingham, who make up 20% of the population. They have sensitive feelings, too."

Strike cripples railway

TORONTO — Railway worker unions and management negotiated for 16 hours yesterday in an effort to settle a national rail strike involving 48 000 people. Government threatened to impose compulsory arbitration.

The rail strike, the first in 14 years, has halted freight and passenger services for a fourth consecutive day. About 30% of Canada's freight moves by rail.

Mediator William Kelly kept both sides at the bargaining table in a hotel in Hull, Quebec, for 16 hours to seek compromises on job security, pensions and pay. Officials reported only slight progress.

Kelly ordered them to return later yesterday.

Negotiators expected government to intervene unless there was a breakthrough. — Sapa-AP.

'Spend AIDS cash elsewhere'

LONDON — A controversial retired bishop, Hugh Montefiore, has caused a stir in London by claiming it is pointless to spend vast sums of money on drugs for AIDS victims when they would die anyway.

The National Health Service has limited resources, and the cash would be better spent on people who have to wait for long periods for operations, such as hip replacements, he says.

But he denies that he means AIDS patients should not be treated.

Own Correspondent

ment talks with ...
Argus Foreign Service.

ARGUS 28/8/87 (92)

Aids rife in Zimbabwe's prisons

HARARE. — A "frightening" outbreak of Aids has hit Zimbabwe's prisons, particularly the women's sections. The Minister of Justice, Dr Eddison Zvobgo, said in Parliament that the Chikurubi prison was the worst hit. — Sapa.

(92) Sowetan 28/8/87

Aids indaba next year

SOUTH Africa's first international Aids congress is to be held in Johannesburg early next year in a bid to establish strategies to prevent the deadly disease getting a grip in South Africa.

Announcing the medical research council's intention to hold the congress, the president, Professor A J Brink, said that it wanted to provide objective information covering the source and pattern of the disease in the community to its control, treatment and psycho-social implications.

Experts

Leading overseas authorities on Aids would be invited, but it was still premature to discuss which specific experts would be attending, he said.

"Your aims in holding this conference are to emphasise the educational and preventive aspects. We want to create an up-to-date perspective, with a view to future handling of the disease," he said.

The aim of the conference, scheduled for the end of next April, was to develop strategies to deal with Aids. It was still relatively controlled in South Africa, but had the potential to become a serious health threat. — Sapa.

Aids carrier in plea for ex-lover

By Toni Younghusband, Medical Reporter

An Aids carrier from the south eastern Cape says he is concerned that his former lover, who has refused to have Aids tests, may be carrying the virus and that he could pass it on.

The man, who preferred to remain anonymous, contacted The Star "in desperation" yesterday asking how he could force his former lover to have the tests.

The man, who was diagnosed as carrying the Aids virus two-and-half years ago, said he had met his lover seven years ago.

"I told my lover to have the tests, but he said he didn't care if he got Aids, he didn't want to have the tests," the man said.

Their relationship ended three months ago. The Aids carrier said he believed his lover had moved up to Johannesburg and was now living with a young woman.

"I don't want to hurt him or hit back at him, I am just very worried," the man said.

Aids carrier urging his ex-lover to have tests

Weekend Argus Correspondent

JOHANNESBURG. — An Aids carrier who lives in the south-eastern Cape says he is concerned that his former lover, who has refused to have Aids tests, may be carrying the virus and could pass it on.

The man, who prefers to remain anonymous, contacted the Star "in desperation" yesterday asking how he could force his former lover to have the tests.

The man's doctor confirmed that he was a positive Aids carrier.

The man said he had met his lover seven years ago and 2½ years ago he was diagnosed as carrying the virus.

"I told my lover to have the tests but he said he didn't care if he got Aids;he didn't want to have the tests," said the man.

Their relationship ended three months ago. The Aids carrier said he believed his lover had moved up to Johannesburg and that he was living with a young woman.

"I am morally obliged to do everything in my power to get him to go for the test. I am concerned about his girlfriend. He may not be carrying Aids, but he should go for the tests just to be safe," said the man.

"I don't want to hurt him or hit back at him, I am just very worried."

He said it was sad that potential Aids carriers often "didn't care" and carried on sexual relationships without having tests done.

"We should press for legislation in this country forcing people to go for tests," said the man.

No-name condoms a health threat

CP Correspondent

THE country's leading distributor of quality condoms this week warned consumers against inferior quality brands which could heighten their chances of contracting sexually transmitted diseases, including Aids.

The South African market is in danger of being flooded with no-name brands and condoms that have not been subjected to quality tests or to any tests at all, for that matter," said Rob O'Molony, managing director of LRC Industries, owners and manufactures of Durex condoms.

"Health authorities have endorsed the use of condoms as the most effective means of protecting people against sexually transmitted diseases.

"Quality condoms are manufactured to rigorous standards laid down by authorities in the United Kingdom and Europe.

"In Britain, quality control tests stipulate electrolytic testing for imperfections, strength and durability. The condom tested must hold 20 litres of water without bursting," said O'Molony.

O'Molony said he regarded the stance by the Minister of National Health and Population Development, Dr WA van Niekerk, as socially responsible.

The Minister has backed a move to introduce condom vending machines throughout the country.

Congress to ease Aids grip

SOUTH Africa's first international Aids congress is to be held in Johannesburg early next year in a bid to establish strategies to prevent the deadly disease getting a grip on South Africa.

Announcing the Medical Research Council's intention to hold the congress, its president, Professor A J Brink, said that it wanted to provide objective information covering the source and pattern of the disease in the community to its control, treatment and psychosocial implications.

Leading overseas authorities on Aids would be invited, but it was still premature to discuss which specific experts would be attending.

"Our aims in holding this conference are to emphasise the educational and preventive aspects. We want to create an up-to-date perspective, with a view to future handling of the disease," said Brink.

The aim of the conference, scheduled for the end of April next year, was to develop strategies to deal with Aids. It was still relatively controlled in South Africa, but had the potential to become a serious health threat. – Sapa.

New Aids centre aims to train advisory staff

Medical Reporter

An Aids Information and Training Centre, aimed at educating teachers, the medical profession and the clergy, was launched at the South African Institute of Medical Research (SAIMR) yesterday.

The centre, under the leadership of Dr Ruben Sher, head of the Aids Advisory Group, will be staffed by a medical officer, nursing sisters, educationists and psychologists. It will offer intensive short courses and workshops enabling those attending to educate others.

SAIMR director Professor Jack Metz said: "The medical authorities in South Africa are concerned about the potentially serious Aids problem facing the country and there is an urgent need to contain the spread of the virus."

He said face-to-face education was the best means of communication and had the added advantage of avoiding unnecessary arousal of fear.

"In the absence of a preventive vaccine or cure, the main strategy to contain the spread of the infection is education. As the mode of spread is predominantly sexual, sexually active individuals exposed to possible infection must know how to protect themselves against acquiring the virus, but to do so they require certain basic information," he said.

Education was best undertaken through existing channels of communication within the community such as health care workers, school teachers, the clergy and youth groups, he added.

"But before these potential educators can undertake this vital task, there is an urgent need to train the trainers so than an amplification effect can be achieved," said Professor Metz.

Immigrants must have Aids tests

92 ghost 1/9/92

WASHINGTON — The Public Health Service has issued a regulation requiring Aids tests for all immigrants and refugees seeking to become permanent United States residents.

The regulation, which goes into effect on December 1, means that blood tests for acquired immune deficiency syndrome will be required of all 600 000 people who annually seek to come to the United States or who already are in the country on temporary visas.

The tests will also be required of the estimated 60 000 refugees who want to come to the United States each year.

Mr Verne Jervis, spokesman for the Immigration and Naturalisation Service, said people who tested positive for the Aids virus would be ineligible to immigrate to the United States. Foreigners on temporary visas who tested positive would be denied residency status.

Aids attacks the body's immune system, leaving victims susceptible to a wide variety of cancers and infections.

The requirement will not apply to tourists or visitors, nor be used to deny a temporary visa to a foreign citizen seeking treatment for Aids.

"All aliens 15 years of age and older who are subject to the medical examination, and under 15 if indicated, would be required to be tested for the Aids virus," says the public health service regulation.

A measure signed by President Ronald Reagan on July 11 required that the Aids virus be added to the list of dangerous contagious diseases.

The Aids tests are already required of the two million illegal aliens who are expected to apply for amnesty by next May 4 under the new immigration law.

About 560 000 aliens who have already applied for amnesty will be tested later when they apply for permanent resident status.

Those applying for amnesty who test positive for Aids will present a difficult problem for the federal government.

Under the Immigration Reform and Control Act of 1986, they cannot be deported after voluntarily stepping forward in good faith to seek resident status, even if they test positive for Aids.

However, they might be deportable at some later time because the new law prohibits employers from hiring illegal aliens.

EVENING POST

92 Wed 2-9-87

4 801 have Aids virus

WASHINGTON — The Pentagon has identified 3 035 military personnel and 1 766 recruit applicants as carriers of the deadly Aids virus out of more than three million tested, new statistics show.

The statistics, which update totals that were last compiled in March, were released this week. The US military is conducting the largest testing programme of its type in the world.

Under Pentagon regulations, personnel with the virus are allowed to remain in the service as long as they show no signs of the actual disease. However, applicants with the Aids virus are refused entry into the military.

Carriers of the Aids virus have been exposed to the disease but have not necessarily developed its symptoms.

Of the 3,05 million tested, 4 801 "positives" have been discovered for an overall rate of almost 1,6 cases per 1 000.

As has been the case with previous testing results, the rate for recruit applicants continues to run at roughly 1,5 cases per 1 000, while the rate for active-duty personnel is holding steady at slightly more than 1,6 per 1 000.

The Defence Department decided in 1985 to begin the programme. — Sapa-AP

RRGWS 2/9/87 (92)

Aids centre for SA starts with grant of R300 000

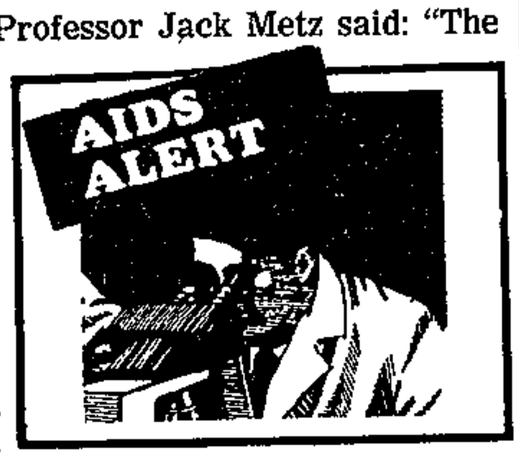
The Argus Correspondent

JOHANNESBURG. — An Aids information and training centre, aimed at educating teachers, the medical profession and the clergy, has been launched at the South African Institute of Medical Research (SAIMR).

The centre, under the leadership of Dr Ruben Sher, head of the Aids Advisory Group, will be staffed by a medical officer, nursing sisters, educationalists and psychologists and will offer intensive, short courses and workshops enabling those attending to educate others.

A grant of R300 000 has been made to the centre by the Chamber of Mines.

SAIMR director Professor Jack Metz said: "The medical authorities in South Africa are concerned about the potentially serious Aids problem facing the country and there is an urgent need to contain the spread of the virus. We must not be complacent that the potential isn't there for an epidemic."



Professor Metz said face-to-face education was the best means of communication and had the added advantage of avoiding unnecessary arousal of fear.

"In the absence of a preventive vaccine or cure, the main strategy to contain the spread of the infection is education.

"As the mode of spread is predominantly sexual, sexually-active individuals exposed to possible infection must know how to protect themselves against acquiring the virus, but to do so they require certain basic information," said Professor Metz.

Education was best undertaken through existing channels of communication within the community such as health-care workers, teachers, the clergy and youth groups.

"However, before these potential educators can undertake this vital task there is an urgent need to train the trainers so that an amplification effect can be achieved," said Professor Metz.

Courses and workshops will be tailored according to the needs of individual groups and will be held at the SAIMR's School for Advanced Laboratory Medicine in Hillbrow.

Professor Metz said he hoped to see the establishment of similar centres in other parts of the country.

CITY/NATIONAL

Argus 4/9/87. (92) (EXCO)

Fears of 'witchhunts' over move on migrants

The Argus Correspondent

JOHANNESBURG. — Fears of "witchhunts" have been expressed following the decision by the Government to repatriate foreign workers who have Aids or are carriers of the disease.

There are more than a million registered foreign workers from neighbouring states and self-governing "homelands" in South Africa, with thousands more working illegally.

The general secretary of the National Union of Mineworkers, Mr Marcel Golding, said today the solution to the Aids problem did not lie in the repatriation of migrant workers but in providing them with proper counselling and medical facilities.

"The question of whether a worker should return home should be decided by him and his family. Migrant workers are being used as a scapegoat. The problem is not limited to them only," he said.

The decision has been condemned as disriminatory by trade union spokesmen, and cautiously "noted" by the Chamber of Mines.

Discriminatory

The general secretary of the National Council of Trade Unions, Mr Phiroshaw Camay, said the Government's proposal was discriminatory because it appeared to be aimed only at workers from African countries.

"There is a responsibility on the Government to give affected people medical treatment, and not send them to countries which have no facilities to treat the disease."

The Minister of Health and Population Development, Dr Willie van Niekerk, announced in Parliament yesterday that the Government would soon amend the aliens control legislation to make it possible to deport Aids carriers and those who have the disease.

The president of the Chamber of Mines, Mr Naas Steenkamp, said the mining industry accepted that the Government had a duty to control the spread of infectious diseases, but that "the chamber and the health authorities have for some time been discussing the problem of Aids carriers among mine employees and the desirability of counselling them and retaining them in employment".

Dr van Niekerk told the Assembly in July that of 2 234 Aids carriers in South Africa 1 093 were black, and 946 of these were miners.

Carriers of Aids to be deported

Own Correspondent

JOHANNESBURG — Foreign workers in SA found to be carrying the Aids virus are to be repatriated, and workers recruited from Central Africa to work in SA are to be tested for the virus before being accepted into the country.

This is the basis of an announcement made in Parliament yesterday by Health Minister Dr Willie van Niekerk, who said steps were being taken to provide legislation to implement these moves.

Dr Van Niekerk said Aids infection had reached "worrying proportions" in Central Africa and the government had offered its help to Malawi — at present the largest source of SA's foreign labour — to prevent the disease spreading there.

Draft measures in terms of SA's health laws, which provided for the identification of any contagious diseases, had already been prepared.

Aliens Act

Home Affairs Director General Mr Gerrie van Zyl said regulations in terms of the Aliens Act, whereby people infected with an "unwanted" disease could be deported, had to be extended. HIV infection is to join cholera and other diseases on the list within the next week, he said.

The measures also provide for the isolation and compulsory treatment of sufferers and carriers of the disease. This was not to quarantine them but to isolate them from other infections, he said.

Infected workers would be isolated to prevent their being infected with other diseases.

The government had considered subjecting all tourists to Aids tests but this was found to be impractical.

Control

Mr Naas Steenkamp, president of the Chamber of Mines, which identified through a major testing programme hundreds of foreign mineworkers carrying the virus, said the mining industry accepted that government had a duty to control the spread of infectious diseases in SA.

He said the chamber and the health authorities had for some time discussed the problem of Aids carriers among mine employees and the desirability of counselling them and retaining them in employment.

Because the mining industry was the only one which had established the extent of the problem in its workforce, it was now being made to appear as if that industry was the only problem area.

The National Union of Mineworkers said the remedy was not repatriation but counselling and medical treatment. The decision to return home was one for the worker, it said.

Capt Times 4/9/87 92

Aussie chestnut is possible Aids cure

Own Correspondent

LONDON. — A potential Aids cure has been found by Harvard scientists in the seed of the Moreton Bay chestnut, which grows in the threatened forests of New South Wales and Queensland.

The extract, called castanospermine, has not yet been fully tested.

But after nearly a year of trials, scientists at Harvard are satisfied that the drug can change the surface sugars of the Aids virus and stop it from either binding to a host cell or reproducing.

What is significant is that the drug appears to be effective well after the disease is established.

Castanospermine, first isolated at King's College, London, has also been studied as a possible cure for herpes and even cancer, according to BBC Wildlife magazine.

Dr Larry Rohrschneider, head of cell biology at the Fred Hutchinson Centre in Seattle, said it had still to be tested for toxic side-effects.

The problem is that the Moreton Bay chestnut makes castanospermine just to poison animals which eat its leaves.

Dr Rohrschneider, however, is optimistic. When the drug was tested with both an Aids virus and a human cell, the virus was affected while the cell was not.

Scientists are deriving hope from the fact that Aborigines eat the tree's seeds, after soaking them to extract the poison.

'High priority' for protective laws

Foreign Aids carriers to be repatriated

Political Staff

Foreign Aids carriers are to be repatriated, the **Minister of National Health, Dr Willie van Niekerk,** said yesterday in the Assembly.

He said the danger of Aids was alarming and measures to combat its spread therefore had a high priority at government level.

The matter had been discussed with other departments and bodies including the Chamber of Mines.

Draft regulations

The Minister said his department had already prepared draft regulations in which provision was made for the identification of any transferable disease, including Aids, as well as the isolation of sufferers or carriers.

There had been consultation with the Department of Home Affairs on ways of adapting alien control legislation and regulations in order to provide for the repatriation of such people.

● Sapa reports that in reaction to Dr van Niekerk's speech the president of the Chamber of Mines, Mr Naas Steenkamp, said the mining industry accepted that Government had a duty to control the spread of infectious diseases.

"The chamber and the health authorities have for some time been discussing the problem of Aids carriers amongst mine employees and the desirability of counselling them and retaining them in employment," Mr Steenkamp said.

Medical men have said that if the Government threw out the foreign miners carrying the virus, they should also deport the thousands of similarly affected white homosexuals with foreign passports.

It was reported a year ago that 26 555 miners were tested at random in a 12-month study and 130 had the Aids virus antibodies in their bloodstreams.

Unions angry over Govt's threat on AIDS

THE Government has come under fire from major trade unions and federations following its announcement yesterday that it would dismiss and repatriate foreign workers afflicted by the AIDS virus.

The Minister of National Health, Dr Willie van Niekerk, said in a statement read in the House of Assembly that the prevention of the spread of AIDS (Acquired Immune Deficiency Syndrome) was being treated as a high priority by the Government.

Dr Van Niekerk said more than 1 000 of the 1 140 known AIDS carriers were workers who came from outside South Africa.

All workers recruited in central African countries would have to be tested for the disease before being allowed to enter South Africa, he said.

The National Union of Mineworkers said repatriating workers would not solve the AIDS problem.

NUM's assistant general secretary, Mr

By THEMBA MOLEFE

Marcel Golding, said AIDS victims should be given adequate medical care and facilities.

"Obviously it is the Government's attempt to victimise mineworkers while the question of AIDS is a broader social and medical problem."

Sensitive

General secretary of the National Council of Trade Unions, Mr Piroshaw Camay, said that while the issue was sensitive one would want to see the repatriations implemented across the line because whites were affected as well.

Acting general secretary of the Black Allied Mining and Construction Workers Union, Mr Motsomi Mokhine, said: "Repatriation will not solve the problem and the Government should provide treatment in South Africa instead of sending the workers back to the countries which it admitted lacked facilities."

SOWETO ONLY

Crackdown on spread of disease

SA to send home foreign AIDS victims

CAPE TOWN — All foreign workers suffering from or carrying AIDS would be dismissed and repatriated from SA, the Minister of National Health and Population Development, Dr Willie van Niekerk, announced yesterday.

In the first major government crackdown on the spread of the disease, provision has also been made for the isolation and compulsory medical treatment of sufferers and carriers of AIDS.

Draft regulations have already been prepared. They provide for the identification of all transferable diseases, including AIDS, Van Niekerk told the House of Assembly during his budget vote.

About 1 000 workers recruited from central African countries — mostly Malawian miners — would be repatriated as they had become a "reservoir" from which the virus could be spread throughout the country.

All workers recruited in central African countries would also be tested before they could enter SA, but this would not apply to foreign visitors.

The matter had been discussed with the Chamber of Mines and all government departments concerned.

Naas Steenkamp, president of the Chamber of Mines — which identified

Own Correspondent

through a major testing programme hundreds of foreign mineworkers carrying the virus — said the mining industry accepted that government had a duty to control the spread of infectious diseases.

He said the chamber and health authorities had discussed the problem of AIDS carriers among mine employees and the desirability of counselling them and retaining them in employment.

Referring to Van Niekerk's statement in Parliament several weeks ago that all of 1 093 known black carriers of AIDS virus in SA were miners, Steenkamp said the mining industry had put a lot of money, effort and time into determining the prevalence of AIDS among its employees.

Because the mining industry was the only one which had established the extent of the problem in its workforce, it was now being made to appear as if that industry was the only problem area.

Van Niekerk said the government had already offered help to Malawi to combat the spread of the disease in the country, which was the largest source of foreign labour to SA. About 5% of Mala-

● To Page 2

SA to expel AIDS victims

● From Page 1

wian mineworkers were infected.

The Minister said about 1 140 whites, 1 093 blacks, 31 coloureds and three Indians were AIDS-infected. SA had a far lower infection rate than the US and central African countries, where 10% to 20% of the population were infected.

☐ The PFP said they would only give their unqualified support to the measures if they were executed humanely.

"I cannot fault the Minister's statement on the isolation and treatment of AIDS patients," said the party's health spokesman and MP for Parktown, Dr Marius Barnard, adding that while isolation was important, treatment was no help.

Barnard called on government to treat infected workers facing repatriation compassionately and humanely.

He called for more details on the repatriation, asking whether the workers would have their contracts cancelled, and whether they would be paid out for this.

The PFP would only support the measures if the workers were treatred humanely "as the medical profession demands".

☐ The CP has called for all foreign visitors to SA to be tested for AIDS.

The party's health spokesman and MP for Pietersburg, Dr Willie Snyman, asked whether the situation had not become so serious that all foreign visitors should be tested for AIDS, adding that other countries had already decided to do so.

☐ Jan Vilonel (MP Langlaagte) said the only answer to the disease lay in a clean moral lifestyle.

Vilonel said AIDS could only be spread in three ways; sexually, from mother to unborn child and through contact with contaminated blood products.

There was no way in which anyone could control another person's sexual behaviour, he said

'Witch-hunts' feared after Govt says Aids carriers to be deported

Fears of "witch-hunts" have been expressed after the decision by the Government to repatriate foreign workers who suffer from Aids or are carriers of the deadly disease.

There are more than a million registered foreign workers from neighbouring states and self-governing "homelands" in South Africa, with thousands more illegal workers.

The National Union of Mineworkers assistant general secretary, Mr Marcel Golding, said today the solution to the Aids problem did not lie in the repatriation of migrant workers, but in providing proper counselling and medical facilities.

"The question of whether a worker should return home should be decided by him and his family. Migrant workers are being used as scapegoats," he said.

The decision has been condemned by trade union spokesmen, and cautiously "noted" by the Chamber of Mines.

The general secretary of the National Council of Trade Unions, Mr Phiroshaw Camay, said the Government's proposal was discriminatory because it appeared to be aimed only at workers from African countries. "There is a responsibility on the Government to give affected people medical treatment, and not send them to countries which have no facilities."

LEGISLATION

Union and chamber spokesmen were reacting to an announcement in Parliament yesterday by the Minister of Health and Population Development, Dr Willie van Niekerk, that the Government would soon amend the aliens control legislation to make it possible to deport Aids carriers and those suffering from the disease.

Medical experts today refused to comment on the Minister's announcement. "I don't want to say anything until I see the Minister's announcement in black and white," said Dr Ruben Sher, head of the Aids Advisory Group and acting head of the Immunology Department of the SA Institute for Medical Research.

Chamber of Mines president Mr Naas Steenkamp said the mining industry accepted that the Government had a duty to control the spread of infectious diseases, but that "the chamber and the health authorities have for some time been discussing the problem of Aids carriers among mine employees and the desirability of counselling them and retaining them in employment".

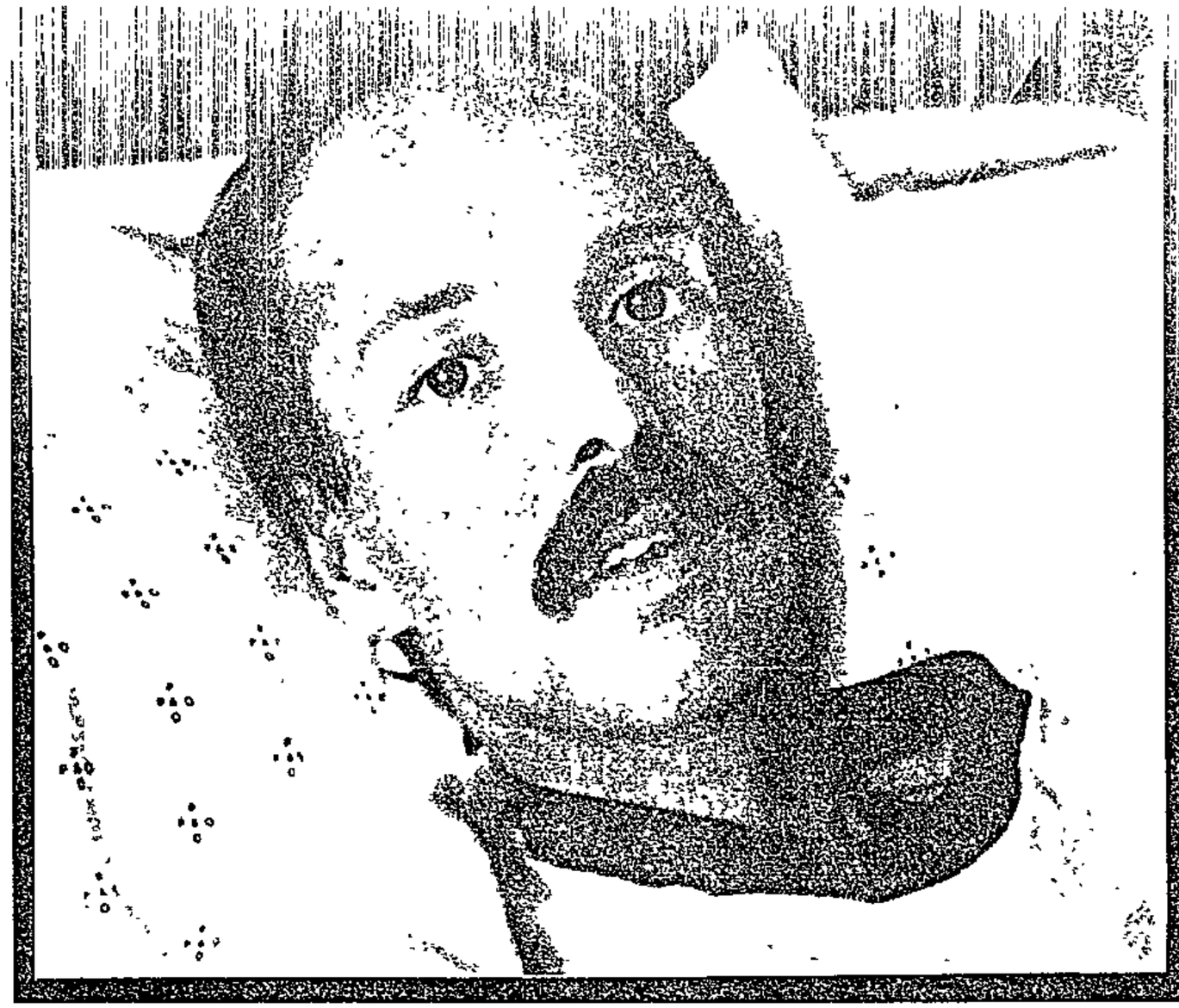
The chamber was awaiting more information on the content of the proposed regulations.

The Malawi Embassy in Pretoria said they had received no official notification.

Dr van Niekerk said in the House of Assembly in July there were 2 234 Aids carriers in South Africa. Of these, 1 140 were white, 1 093 black (of whom 946 were miners), 31 coloured and three Indian. The ethnic identity

● See Page 4.

S. Times 6/9/87 92



HOME TO DIE

This was Aids victim Laurens Baaij when he went into hospital. Now, says his friend, he looks 110 years old . . .

A-G to decide on case against Lombard

By NEIL HOOPER

THE Attorney-General of the Transvaal will decide this week whether Mr Jan Lombard, son of the Deputy Governor of the Reserve Bank, should stand trial on charges of alleged currency exchange control contraventions

The senior deputy Attorney-General, Mr M T van der Merwe, said the the Commercial Branch investigation dossier into the allegations had been handed to him on Friday

The head of the Commercial Branch in Pretoria, Colonel Martin Nel, said the dossier dealt with only one aspect of the alleged contraventions.

The Sunday Times first revealed last October that the Commercial Branch was investigating multi-million rand exchange control deals by Mr Lombard.

AN AIDS victim has left hospital and gone home — in the words of a friend — "to die".

Laurens Baaij, a 28-year-old art teacher from Bloemfontein's exclusive Eunice primary school, is being looked after by his mother who has journeyed from Evander to be with her son.

A close friend of Mr Baaij's, who asked not to be identified, said he had been sent home to die

"He looks 110 years old and is just skin and bone I have never in my life seen anyone as sick.

"He was discharged last week after doctors had asked him if he wanted to go home

"He returned on Wednesday for blood tests and a check up, after which his doctor prescribed an antibiotic, saying he could medicate himself just as well at home.

By ANDREW GEORGE

"When he was being wheeled from the Universitas Hospital he tried to get into the car on his own but it was pitiful to see he wasn't going to make it without help."

Mr Baaij was admitted to hospital early last month suffering from an ulcer in the colon and gastro enteritis.

But blood tests revealed the Bloemfontein bachelor had AIDS — making him the city's first sufferer of the killer disease.

Now Mr Baaij and his mother are staying at the townhouse of his close friend of five years, Mr Michael van Sijde, in Boerneef Street, Langenhoven Park. Mr Baaij's own townhouse is next door in the Ghaap complex.

Mr Van Sijde has barricaded the entrance to his residence to ensure the privacy of his friend

Mrs Baaij told me this week: "Laurens has suffered enough and he must be left alone I will not allow anyone to come in and see him.

"Please understand he doesn't want to talk to anybody."

Earlier Mr Van Sijde said: "Laurens is a fantastic person and friend and I won't leave him in the lurch now.

"I'll stand by him through thick and thin."

Doctors from the department of virology at the University of the Orange Free State had been negotiating with American health officials for supplies of a drug which prevents the killer virus from multiplying.

"But it proved to be far too expensive," said the friend.

"Laurens, a Roman Catholic, is deeply religious and says he has never thought about death. All he thinks about is that he must get better and go back to school. It's so sad. He can't even get out into his garden to pick the flowers he loves so much."

The Orange Free State Department of Education said it had no comment on Mr Baaij's condition.

"Mr Baaij is still entitled to sick leave until November 20 and the matter of his returning to teaching will only be considered when it is applicable," said a spokesman.

Meanwhile, at least four men with whom Mr Baaij has had contact have been tested for AIDS.



Money talks for Modern Talking on black market

THE BEST investment this week wasn't on the Stock Exchange — customers who bought tickets for the Modern Talking shows have been making more than 300 percent profit!

By ARTHUR GOLDSTUCK

For the first time since Queen arrived in South Africa a black market has developed for tickets to a local pop show

Modern Talking's heartthrob Thomas Anders will face nearly 8 000 fans for each of his four shows at Sun City Most of the tickets were sold by the end of the first week of booking, and the rest followed shortly.

"It's a total sellout," said Sun International entertainment publicist Stevie Godson "We can't even hang them from the rafters!"

Fans who missed out have resorted to classified ads in the personal columns, and the scalpers are coming to the rescue — at a price

Some of them are charging at least R100 for R28 tickets — and often they're getting what they want

But they're not having it all their own way One woman, advertising under the name Christine, said: "As far as I am concerned they can stick their tickets.

Reasonable

"Would you pay R60 for a R23 ticket? That's what they're asking for. I'm prepared to pay double the price — that's reasonable. But not triple."

Christine said she wanted to take a team of young soccer players to the show, but



All foreign workers to be tested for AIDS

ALL foreigners seeking work in SA, including those from the US and Europe, will have to be tested for the AIDS virus, a Health Department spokesman said yesterday.

Dr George Watermeyer said the legislation, which has been drawn up in its final form and will be made law soon, was not intended to be discriminatory.

It is not clear whether the proposed repatriation of workers will include those from the TBVC countries or the about 800 miners found to be carrying the virus after the Chamber of Mines conducted extensive testing last year.

Bday 7/9/87

DIANNA GAMES

Watermeyer said details of the government approach would be made public only after the legislation was gazetted.

Government's move on the matter was precipitated by the "international approach" to the problem.

SA was not leading the way in repatriating infected foreign workers, Watermeyer said.

And the move was not aimed specifically at the mining industry. All employer bodies with foreign workers would have to test them.

A spokesman for the Malawi Health Department in Lilongwe, said yesterday he had heard nothing of SA's intention to repatriate the workers.

Cape Times, Box ... a wide range of reporting, comment and ... to Friday)

CAPE Times 7/9/87

92

SA Aids tests for foreign workers

Own Correspondent

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Dr Watermeyer said details of the government approach would be made public only after the legislation was gazetted.

Government's move on the matter was precipitated by the "international approach" to the problem which included increasingly severe steps to prevent the spread of the virus.

South Africa was not leading the way in repatriating infected foreign workers, Dr Watermeyer said.

And the move was not aimed specifically at the mining industry. All employers with foreign workers would have to test them.

Talks with the Chamber of Mines on the matter had not been a confrontation with government.

While government has put pressure on the mining industry by its directive last year banning labour from Mozambique, no such pressure has so far been exerted regarding Malawian workers.

Aids test for foreigners

Daily Dispatch Correspondent

JOHANNESBURG — All foreigners seeking work in South Africa, including those from the US and Europe, will have to be tested for the Aids virus, a Health Department spokesman said yesterday.

Dr George Watermeyer said the legislation, which has been drawn up in its final form and will be made law soon, was not discriminatory.

It is not clear whether the proposed repatriation of workers will include those from Transkei, Bophuthatswana, Venda and Ciskei, or the about 800 miners found to be carrying the virus after the Chamber of Mines conducted extensive testing last year.

The government's move on the matter was precipitated by the "international approach" to the problem, which included increasingly severe steps to prevent the spread of the virus.

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The move was not aimed specifically at the mining industry. All employer bodies with foreign workers would have to test them.

Research produces bad news on Aids

From Neil Lurssen in Washington

New American research has shown that the deadly Aids virus is not a single entity but a complex family of viruses that mutate quickly, making it extremely difficult to develop effective forms of treatment.

Because of the mutations or changes in the Aids viruses, there are thought to be thousands of different forms in existence.

Some may have developed abilities to infect different body tissues, to counteract the body's own immune system and to resist drugs.

FAST CHANGES

The research was carried out at the Los Alamos National Laboratory where scientists found that the Aids virus was changing its genetic code five times faster than the influenza virus — in other words, the Aids virus mutates as much in 10 years as the flu virus does in 50 years.

According to a report in the *Washington Post* at the weekend, some researchers suspect that several of the variations in the Aids virus that are already known are the result of mutations in the recent past.

"There is even evidence that within the lifetime of any one Aids patient, the original strain of the virus that began the infection can give rise to several new strains, all of which continue to proliferate," the report said.

Dr Gerald Myers of the Los Alamos Laboratory in New Mexico said the new findings threw "bewildering shadows" over the chances of making reliable diagnoses, developing broadly effective treatment and finding a vaccine that would act against all forms of the virus.

"I think probably the virus has made an evolutionary breakthrough," Dr Myers said. "It has entered a new niche, and we will have to expect to see a lot of new variations continuing to arise for the foreseeable future." — The Star's Foreign News Service.

(92) Sunday Times 9/9/87

Aids threat to SA is severe - Red Cross

SOUTH Africa is being seriously threatened by a vicious AIDS epidemic, which could ravage cities and generations, says the Red Cross.

The Red Cross says everyone is at risk and that the scourge of AIDS is no more only limited to prostitutes, homosexuals and drug addicts.

In response to the AIDS threat, the Red Cross will host a symposium on the disease at the SA Institute for Medical Research in Hillbrow on Saturday, September 12.

The symposium will be conducted by the Institute and three experts on AIDS will address the meeting on various aspects of the disease. They are Prof J Metz, Dr Rubin Sher and Dr D Sifris.

Our cure for migrants' Aids: Kindly go home

By PAT SIDLEY

THE government is to take steps to repatriate foreign workers infected with Aids or those who carry the virus.

The move will mainly affect migrant mine workers who, the government believes, account for the majority of carriers in the country.

In the House of Assembly yesterday, Minister of National Health Dr Willie van Niekerk said steps were being taken to provide for the dismissal and repatriation of foreign workers found to have or to carry the disease.

He said workers from high risk countries living in South Africa who had the disease or were carrying it needed special attention and the matter had been discussed with other government departments and the Chamber of Mines.

Van Niekerk said his department had already prepared draft measures in terms of the health laws which provided for the identification of any contagious disease — which, by definition, included Aids. These measures also provided for the isolation and compulsory treatment of sufferers and carriers of the disease.

Official government figures for Aids do not include those given out at a conference sponsored recently in Johannesburg by the SA Blood Transfusion Services. At that meeting, Dr Maurice Shapiro said he believed from his tests and blood samples that there were in the country some 15 000 black Aids carriers, apart from those on the mines.

Although the chamber had no comment to make yesterday, its president, Naas Steenkamp, said earlier in the week that mineworkers with the virus could possibly be "resettled" in their own communities.

He was reported as saying it had been recognised during talks with the government that there may be a need to resettle within their own communities people who might prove a hazard to the communities they were in.

National Union of Mineworkers representative Marcel Golding told *Weekly Mail* yesterday the NUM had consistently said the way to tackle Aids was to care for and counsel the victims, not repatriate them.

"In any event, the decision on whether or not to go home should be make by the miner and his family, and the victim should receive compensation from the mine," Golding said.

He also said the incidence of Aids involved more than miners and repatriating them was not the answer.

(92) SSM 11/9/87

International and local experts attend Jo'burg congress

SA tackles Aids problem

Medical Reporter

More than 200 people attended South Africa's first international Aids Congress at the Johannesburg Hospital yesterday.

The congress, organised by Professor Barry Schoub, a director of the National Institute for Virology, discussed the Aids problem in South Africa, Africa and in the rest of the world.

Papers were presented by local and overseas delegates including Dr D J Jeffries, head of the division of virology at St Mary's Hospital in London; Professor A Morag of the department of clinical virology at the Hadassah Hospital in Jerusalem; and Dr G S Watermeyer, deputy director-general of the Department of National Health and Population Development.

Subjects discussed included the Aids problem in blood transfusion, paediatric Aids, patient counselling and the Aids problem in the gay community.

Difficulties experienced in the mining industry were pointed out, particularly the objection of miners to the use of condoms. They believed the disease was being used by doctors as a method of birth control and that their wives would be insulted if they used condoms, the congress was told.

Dr Ruben Sher, acting head of the Department of Immunology at the South African Medical Institute, said that, of the 60 cases of Aids reported in South Africa, 53 were homosexual males. Of these 22 had died.

Dr L Clausen, chief physician of the Rand Mutual Hospital, said that miners found to be Aids positive had to be carefully counselled as to what the disease was and what it could do.

"We find we have to stress that Aids is not brought by the spirits, sangomas or witchdoctors.

Dr Clausen said once miners had been identified as carriers of the Aids virus, they were advised not to donate blood, to inform their doctors and dentists and to use condoms. Pamphlets, videos and films to educate miners were available at the Rand Mutual Hospital and through the Chamber of Mines.

The highest prevalence of the Aids virus has been noted in Malawian miners and, according to Dr Brian Brink, co-ordinator of the Aids programme at the Chamber of Mines, this prevalence was increasing steadily.

"It is obvious that Aids is a problem in the mining industry and it is getting worse. Education, counselling and continued surveillance of the disease is vital," Dr Brink said.

Dr Dennis Sifris, head of the Immune Deficiency Clinic at Johannesburg Hospital, said the psychological effects on a person diagnosed as carrying the Aids virus were enormous and he needed careful counselling and understanding.

He said the fear of social isolation, anger, frustration at not being able to do anything about the disease, guilt and depression were common psychological symptoms of Aids carriers.

"People should be properly informed of the consequences of being diagnosed as an Aids carrier. A doctor should also get to know his patient's background, to ascertain whether the person has somebody to talk to, to be at his side," Dr Sifris said.

Most of Aids cases found on Reef

JOHANNESBURG — A total of 60 cases of Aids have been reported in South Africa since 1982, according to the chairman of the advisory group on Aids, Professor J. Metz.

Speaking at a symposium on the disease held here yesterday, he said that so far this year 17 new cases had been diagnosed — an incidence below the 40 expected for the whole year.

Extensive data was now available on the prevalence of infection among South Africans with the human immuno-deficiency virus (HIV), which causes Aids.

This came from the testing of blood donors, mineworkers and pregnant women who attended ante-natal clinics.

Altogether, about 1,5-million people of all races have been tested.

This included more than 250 000 blacks of which 81 — 0,03 per cent or 30 in 100 000 — had been found to be positive.

Most were from the Transvaal (40), mainly in the Witwatersrand area and especially Soweto. By contrast, Natal had 38 cases and the Eastern Cape three.

Infection was mainly among the reproductive age group (15 to 50), into which most of the blacks tested fell.

Those tested constituted about 2,9 per cent of the total number of people in this group (some 10 million according to the 1985 census), which was "a substantial sample".

Professor Metz said extrapolation of the results to the total population was always dangerous, even when the sample was as large as 250 000.

However, the 81 positive cases sugggested that there might be about 3 000 infected people in the reproductive age group in the total black population.

He added that, although Aids was not yet a serious problem in South Africa, there was an urgent need for prevention programmes to avoid a situation similar to that in Central Africa, where the disease was rife. — Sapa

CAPE Times 11/9/87

Aids inhibitor is produced, used in SA

Own Correspondent

JOHANNESBURG. — A material to inhibit the Aids virus and arrest its spread into the body's immunity system, formulated by Israel and at present being refined in South Africa, is being used with some success on South African Aids patients.

This was announced here yesterday by Professor Barry Schoub, director of the National Institute of Virology, and Dr Y Skornick of the Tel Aviv Medical Centre's Department of Surgery.

Dr Skornick said clinical trials started about 16 months ago and to date 41 patients from abroad had been tested. Some of the patients were brought back from an advanced stage of the disease to lead normal lives.

The material, called AL721 and derived from egg yolks, is being used on 13 sufferers in SA, including three Malawian mine workers.

AL721 is being produced under strict quality control in SA, which makes it a superior product to what is now being produced overseas, Dr Skornick said.

Professor Schoub said it was not an Aids cure and it was not yet known whether its use — it is ingested with fat-free food — would lessen the inffectivity of Aids sufferers or how long it would work for a patient.

Professor Jack Metz, head of the South African Institute for Medical Research, said that so far this year 17 new cases of Aids had been diagnosed in SA, bringing the total number of cases found in SA since 1982 to 60.

He said more than a quarter-of-a-million blacks had been tested in SA and 81 had been found to be positive. Of these, 40 were found in the Transvaal, 38 in Natal and three in the Eastern Cape.

Professor Metz said this suggested that there might be about 3 000 infected people in the same age group — 15 to 50 — in the total black population.

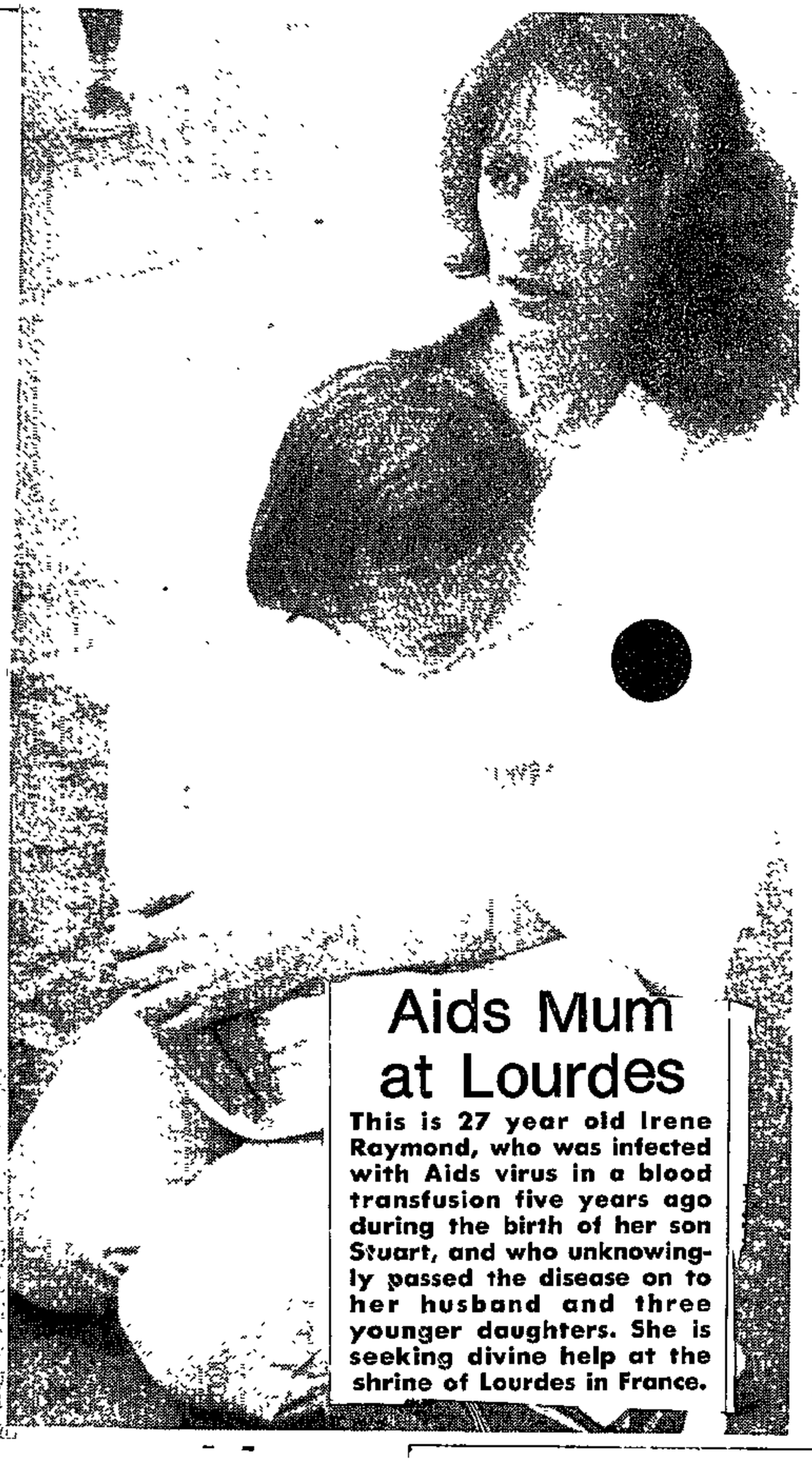
Dr Brian Brink, Chamber of Mines Aids co-ordinator, said testing of some 25 000 mineworkers for the Aids virus has been conducted by the chamber. Final results of the tests are not yet known.

And 95 prostitutes plus several hundred "promiscuous women" who have spent time at the mine hostels have also been tested for the virus. The results have all been negative, he said.

Dr C Prior of the Natal Blood Transfusion Service said testing for HIV virus antibodies in blood donors in Natal between August 1985 and the end of July this year showed no antibodies in white females, Asians or coloured people.

But the tests showed a 0,010% incidence in the total of white males tested, 0,064% in black males and 0,062% in black females.

Aids brothers live in fear



Aids Mum at Lourdes

This is 27 year old Irene Raymond, who was infected with Aids virus in a blood transfusion five years ago during the birth of her son Stuart, and who unknowingly passed the disease on to her husband and three younger daughters. She is seeking divine help at the shrine of Lourdes in France.

Shock statistics on Aids

by JAAP BOEKKOOI

JOHANNESBURG.— Aids has a much firmer grip on South Africa than previously believed, according to new statistics which have sparked a major row between Aids experts on the extent of the killer virus.

A set of positive HIV samples from the South African Blood Transfusion Service show that African Aids, the heterosexual form, is spiralling by 300 percent a year, in effect doubling every four months.

The row over the extent of the virus was exposed at an Aids congress here this week.

Professor Jack Metz, chairman of the Aids Advisory Committee, refused to allow Dr Maurice Shapiro, head of the Blood Transfusion Service, to address the congress.

Dr Shapiro and Professor Metz have produced startlingly different accounts of the extent and potential threat of Aids.

Congress delegates said that if the country's top experts on Aids epidemiology differed so drastically on the extent of the problem there was little chance of effective action to counter the threat.

Dr Shapiro said Aids was reaching epidemic proportions among the black population and the grip of the virus was far greater than believed.

He estimates that the so-called African strain has infected 15 000 black people, or three times the current number of white Aids carriers.

"Our figures show a 50-percent increase in the second two-months period from representative samples of black pregnant women.

"The projections we have made from our tests are statistically reliable and not biased in any way."

Added to these figures, a "panic wave" of testing of high-risk patients at medical laboratories in the Pretoria-Witwatersrand-Vereeniging area was uncovering up to 30 new Aids carriers a week.

Dr Shapiro's analysis, projected on to the whole black population, is supported by a prominent Cape Town member of the national Aids Advisory Committee, Dr Frank Spracklen.

Dr Spracklen said the extrapolated figures were probably on the conservative side as they were based on tests done on pregnant women who were less sexually active and therefore less vulnerable to Aids infection.

The Shapiro figures, drawn from tests done on 13 500 women during the past two months, differ drastically with those given by Professor Metz in a paper to the Aids congress.

Professor Metz, director of the South African Institute for Medical Research, claimed that his figures, extrapolated from a larger test sample and from different sample populations, indicated that there were only 3 000 Aids carriers among blacks and that there had been a slow-down in new victims.

House burnt, fear and threats in US for fugitive family

WASHINGTON. — Ten-year-old Ricky Ray, one of three brothers infected with the Aids virus, lies awake at night crying, blaming himself for the fire which destroyed the family's home in Florida.

"He believes that if he hadn't tested positive the house wouldn't have burnt down," his father, Mr Clifford Ray, told Congress yesterday.

Mr Ray and his wife, Louise, recounted for the Senate's labour and human resources committee a story of threats and harassment which began when Ricky and his brothers Randy and Robert tested positive for the Aids virus.

For a year the boys were told to stay home from school. But when a judge ordered them back into classes last month a pupil boycott was organised and the family received bomb threats and threatening telephone calls.

"Nightmares"

But the boys wanted to stay in school. Some of the other pupils had started to accept them, Mr Ray said, and they were feeling a little better. Then, their house was burnt down while the family was away.

"My oldest boy blames himself for the fire," Mr Ray told the Senate panel. "He's had nightmares and stays awake crying."

Senator Edward Kennedy, chairman of the committee, peered over his glasses at 10-year-old Ricky, who was sitting in the audience with his two brothers, his sister and a friend.

"This is not the children's fault," Senator Kennedy said. "None of this is the children's fault."

Mr Ray said his son accepts that now but the family remains at an undisclosed location in Florida trying to decide what to do next.

"We want to blend back into the woodwork, so to speak," said Louise Ray, mother of Ricky, Robert, 9, and eight-year-old Randy.

All three boys are haemophiliacs whose doctor says they picked up the Acquired Immune Deficiency Syndrome (Aids) virus from clotting agents given to control their haemophilia.

Joining the Ray family in support of bipartisan legislation being pushed by Senator Kennedy to forbid discrimination against people who test positive for the virus was the boys' doctor and a Miami environmental lawyer who took on the Ray case after his wife read of their plight in a newspaper.

Mrs Ray admitted that she had once been prejudiced herself and refused to let her sons attend a camp for haemophiliac children a few years ago because she was afraid they might get Aids.

"I'm ashamed of myself for that now," she said, "but I went out and learnt."

The Aids virus attacks the body's immune system, leaving victims susceptible to a wide variety of cancers and infections. There is as yet no known cure for the deadly disease. — Sapa-AP.

Wonderboom

AREA B: I
Malmesbury
Stellenbos
Worcester

AREA C: In

Aids babies: outlook is grim

YOUNGHUSBAND
Medical Reporter

The outlook for children born with the Aids virus is grim, a visiting American professor of paediatrics, Dr M J Levin, told delegates at an international Aids congress in Johannesburg this week.

Dr Levin said more than 50 percent of children born to Aids carriers would be infected themselves.

Aids is most commonly passed on to children from their mothers during pregnancy but they can also be infected through blood products and blood transfusions. It is generally detected about 12 to 15 months after birth.

Being identified as a carrier of the disease does not necessarily mean the person will be come ill.

Dr Levin said early estimates indicated there would be 15 000 Aids positive children by the year 1990.

"The incidence of Aids among children is directly mirrored by what is happening in adults. We must change the behaviour patterns of adults."

He said the increase of Aids among the gay population in the United States had slowed down tremendously but there had been a massive increase of Aids positive cases among intravenous drug abusers, said Dr Levin.

Available statistics indicate two babies have been born to Aids infected mothers in South Africa but it is not yet known whether these children carry the virus.

Hearing told of Aids boy's agony

Doctors fear more babies infected

CHICAGO — Doctors fear the rising incidents of Aids among women will result in more babies being born with the deadly disease, a United States panel of experts on drug abuse during pregnancy said at the weekend.

"As long as the number of Aids cases continue to grow, the number of babies born with Aids can only go up," said Dr Kenneth Rich.

According to the latest statistics, 444 babies have been born with Aids in the US, although thousands more may be infected with the HIV virus that can develop into the incurable disease.

Studies show that half of infected babies die of the disease within 18 months, and the virus is fatal for 85% of the children before the age of five, Dr Rich said.

But of the mothers testing positive for antibodies to the HIV virus, roughly 30% to 50% pass on the virus to their babies, an uncertainty which prevents doctors from counselling an infected mother to abort the foetus.

"It's got to be an individual decision," Dr Rich said citing a case of a woman with Aids who gave birth to twins — one of whom was born with the disease while the other was healthy. — Sapa-Reuter

WASHINGTON — Ten-year-old Ricky Ray, one of three brothers infected with the Aids virus, lies awake at night crying, blaming himself for the fire that destroyed the family's Florida home, his father told Congress.

"He believes if he hadn't tested positive, the house wouldn't have burned," said Clifford Ray.

Mr Ray and his wife, Louise, recounted for the Senate Labor and Human Resources Committee a story of threats and harassment that began when Ricky and his brothers Randy, eight, and Robert, nine, tested positive for the Aids virus.

For a year, the boys were told to stay home from school. But when a judge ordered them back in classes last month, a student boycott was organised and the family received bomb threats and threatening telephone calls.

Still, the boys wanted to stay in school. Some of the children had started to accept them, Mr Ray said, and they were feeling a little better.

Then, their house burned while the family was away.

"My oldest boy blames himself for the fire," Mr Ray told the Senate panel. "He's had nightmares and stays awake crying."

Senator Edward Kennedy, chairman of the Senate Labor and Human Resources Committee, peered over his glasses at 10-year-old Ricky, sitting in the audience with his two brothers and sister and a friend.

"This is not the children's fault," Senator Kennedy said. "None of this is the children's fault."

Mr Ray said his son is accepting that now, but the family remains at an undisclosed location in Florida trying to decide what to do next.

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Aids: Repatriation soon to be gazetted

Own Correspondent

JOHANNESBURG. — Government legislation to provide for the repatriation of foreign workers infected with the Aids virus is due to be gazetted this week, according to the Department of Home Affairs.

The new regulations will be an amended version of the 1972 Admission of Persons to the Republic Act, which allows for the repatriation of foreigners carrying certain diseases, including cholera.

Aids is to be added to the list.

The measures will affect mostly blacks employed on the mines. About 1 000 miners are known to be carrying the virus and at present the Chamber of Mines is screening all foreign miners.

All foreigners seeking work in South Africa will be screened for the virus, but this will not affect visitors to the Republic.

Details of how the exercise will be carried out and when it is likely to begin have not yet been made public.

The Malawian consul-general in Johannesburg, Mr K E J Nsanja, said it had had no official notification from the government on the move and could not comment on the situation.

Malawians have been identified as the highest proportion of carriers.

Sunday Times

Aids 'a greater danger in Africa'

(92) STAR 23/9/87.

By Melanie Gosling

Aids was a "tragedy of grave proportions" which would affect the future of the African continent profoundly, Professor B D Schoub, director of the National Institute for Virology, said in Johannesburg yesterday.

Speaking at a public lecture on "Aids — biological holocaust?", Professor Schoub said the problem of Aids in the West could be addressed by extensive education programmes resulting in behavioural changes. Because of the enormous expense of these programmes, Aids in Africa was a far more serious problem.

"It is a formidable disease. Unlike any other infectious disease, there is no country where it is decreasing. If we look at other sexually transmitted diseases as an indicator of how Aids will spread, the picture is very sombre," Professor Schoub said

The World Health Organisation reported a total of 60 000 known cases of Aids. Taking into account the unreported cases; there were probably closer to 180 000 Aids sufferers in the world.

"For every one Aids case, there are about 50 to 100 people who are infected with the Aids virus asymptomatically. That means there are between 5 000 000 and 10 000 000 carriers in the world," he said.

In the United States, 25 000 people had died of Aids since 1981 and scientists predicted there would be 270 000 cases by 1991, Professor Schoub said.

ward for Kahn

Mgicina, managing director of Send-a-Part, an express courier service started 18 months ago and which now boasts a fleet of 20 vehicles.

The executive chairman of Sasol, Mr Joe Stegman, was awarded Fellowship of the Institute of Marketing Management

Other nominees for the marketing man of the year award were the chief executive of Times Media Limited, Mr Stephen Mulholland, and Volkswagen chief Mr Peter Searle.



Meyer Kahn . . . marketing man of the year

Ex-teacher heads SAIRR

A former teacher who "found God" while in a cell on Robben Island, the Rev Stanley Mogoba, has been elected president of the South African Institute of Race Relations (SAIRR).

He succeeds Dr Stuart Saunders.

Mr Mogoba (54) is secretary of Conference of the Methodist Church He said his election "could not have come at a more historical or challenging moment in the life of South Africa".

Stiff opposition to govt AIDS move

24/9/87 (92) B'day

GOVERNMENT'S plan to repatriate AIDS-infected foreign workers threatens to become a four-cornered battle between it, the medical profession, mineworkers and the Chamber of Mines.

At least 900 miners' jobs are threatened by government's decision to repatriate infected workers, which comes into effect tomorrow.

The National Union of Mineworkers (NUM) warned yesterday it would be prepared to take legal or disciplinary action against any medical staff working with the chamber who revealed to government the names of AIDS-infected workers.

The workers' identities are known to mine medical officers and AIDS counsellors.

After random tests last year on thousands of miners by the chamber and the National Institute for Medical Research, 945 mineworkers were found to be carrying the AIDS virus. The majority were Malawian migrant workers.

DIANNA GAMES

A NUM spokesman said government had not declared AIDS to be a notifiable disease and thus nobody had the right to identify those carrying it.

Medical people said that the supplying of such information to government would be a clear breach of medical ethics.

The union would be strongly opposed to the repatriation of those miners already found to have the disease through last year's testing without further testing being done, the NUM spokesman said.

Workers initially tested were not warned of the possible consequences of test results as government's decision was only made public some months later.

Government has denied that its deci-

● To Page 2

AIDS move faces stiff opposition

● From Page 1

sion was based on the test results. A Department of National Health spokesman said recently it stemmed from the international response to the problem.

A legal source said yesterday if government sought the identities of those miners found by the chamber to be infected, it would have to be empowered by legislation to get such information to protect itself from possible legal action by those affected.

If it did not, and the doctors were not exempted by legislation from liability, the miners would be legally entitled to take action for invasion of privacy.

It was also uncertain whether the repatriation would amount to a breach of employment contracts.

The NUM spokesman said it was possible there would be resistance from workers to being tested, and they were entitled to ask why they should be tested if they were healthy.

Many workers had no real concept of the disease or how the virus worked and it would be difficult to get informed decisions on the matter from them.

The threat of AIDS was linked to the migrant labour system on which the chamber relied, and thus it had some responsibility to those miners, he said.

It was important that government made a distinction between AIDS carriers and sufferers, he said. Carriers who remained healthy presented no danger except through their sexual activities. For these people, counselling and not repatriation was the answer.

Aids a tragedy for Africa, says professor

The Argus Correspondent

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"Formidable"

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In the United States, 25 000 people had died of Aids since 1981 and scientists predicted there would be 270 000 cases by 1991.

Professor Schoub said Aids appeared to be a relatively minor cause of death in South Africa compared with other killer diseases. In the last five years only 42 people had died from Aids in South Africa whereas about 20 people died ever day from tuberculosis, 274 children died daily from gastro-enteritis, measles and respiratory diseases and 9 000 people died of heart disease every year.



Don't treat Aids cases differently, say Anglicans

The Argus Foreign Service

PERTH. — The Anglican Schools Commission here has ruled that students and staff who suffer from Aids should not be excluded from normal school activities.

In a policy statement, the commission said Anglican schools should not reject applications for admission from students diagnosed as having the fatal A-category Aids.

" Aids should be considered no differently from other serious but essentially contagious diseases."

The statement recommended that abstinence and the use of preventive measures, both in retarding the spread of Aids and in birth control, should be taught and discussed in school health education classes.

"Schools cannot assume that Aids infection is necessarily associated with immorality of a nature that could be in conflict with the values of Anglican schools."

Russian sufferer 'hounded to death'

The Argus Foreign Service

MOSCOW. — A Soviet expert on Aids was hounded to death by anonymous letters accusing him of corruption, a newspaper said this week.

Viktor Zhdanov suffered a fatal stroke half an hour after being told that a commission would review the charges against him, said the newspaper Sovietskaya Kultura.

Zhdanov, 73, head of the Soviet Institute of Virology for 26 years, had been the target of anonymous attacks for three years, it said.

The Academy of Medical Science decided to form a commission to investigate him and informed him so. "Half an hour later he lost the ability to speak and left side of his body was paralysed by a stroke," the paper said. Eight days later he was dead.

Give own blood, patients urged

The Argus Foreign Service

LONDON. — Surgical patients in Britain are being invited to give their own blood in advance for operations.

The scheme means that they will avoid the possibility of Aids, hepatitis or allergic reactions and recover more quickly.

The patients are asked to provide threequarters of a pint of blood each week in the month before they go into hospital. Batches are labelled and stored in refrigerators.

Doctors hope the scheme will provide the health service with blood for about 50 percent of operations arranged in advance and yield extra supplies of the clotting agent "factor eight."

The technique was used in pre-war medicine and has now been revived by the Northern Regional Health Authority in Sunderland, Tyne and Wear.

13 Aids cases in Botswana

Argus Africa News Service

GABORONE. — There have been 13 confirmed Aids cases in Botswana, according to a spokesman for the Botswana Ministry of Health.

Four people had died of the disease, he added.

The spokesman said all but two of the cases were Botswana nationals and most of the victims were women.

INTERNATIONAL

Seaweed extract to battle Aids?

The Argus Foreign Service

LONDON. — Scientists have obtained an extract from seaweed that they claim has the potential to block the spread of the Aids virus.

The substance is described in a report from the Ymaguchi University School of Medicine in Japan published in the Journal of Cancer Research and Clinical Oncology.

It claims it is possible to block a a mouse leukaemia virus and a cancer-causing virus called avian myloblastosis.

And in both cases the substance is blocking the activity of an all-important chemical called reverse transcriptase, which incorporates the genetic code of the Aids virus.

An advantage of the extract — from the red algae called Schizymenia Pacifica — is that it should avoid some of the side-effects that have been seen in trials with some drugs, because it only blocks the activity of the reverse transcriptase molecule.

The extract's activity has been confirmed by scientists at the Centre for Applied Microbiology at Porton in Wiltshire. But they have found it is a very large molecule, making it difficult to turn into a drug.

● Council officials in York are to discuss with trade unions the introduction of a new policy which could lead to the dismissal of employees who refuse to work with colleagues carrying the Aids virus.

Mozambique Aids tests

Argus Africa News Service

MAPUTO. — Mozambican authorities are carrying out blood tests among workers throughout the country to determine whether the deadly disease Aids is a threat to the country.

The newspaper Noticias said blood tests on 400 employees of a major company in Maputo province had indicated that none of them were infected.

So far there has been only one official confirmed case of Aids in Mozambique.

HEALTH & DISEASE — VENERAL DISEASE

1987

OCT. — NOV

Alien Aids victims can now be repatriated

Comprehensive new health and immigration regulations published in the Government Gazette yesterday have opened the way for repatriation of aliens with Aids.

Minister of National Health Dr Willie van Niekerk announced in Parliament recently that measures were to be taken particularly to repatriate migrant mineworkers from neighbouring states, especially Malawi, who had Aids.

South Africa would render every possible assistance to neighbouring states to care for the Aids victims, he added.

The wording of a brief notice by the Department of Home Affairs specifies that any non-South African citizen afflicted with the diseases "cholera, pestilence, yellow fever, acquired immune deficiency syndrome (Aids) and infection with human immune deficiency virus" will make them "prohibited" and therefore liable to repatriation.

A spokesman for the Ministry of Home Affairs in Cape Town emphasised that the measure would not apply to South African citizens.

A separate set of rules published in the Gazette by the Department of National Health titled: "Regulations relating to communicable diseases and the notification of notifiable medical conditions", completes the mechanism set up by Government for the repatriation of Aids victims.

A spokesmen at the Department of National Health in Pretoria declined to comment on the new regulations, but the Home Affairs Ministry spokesman said his department's part of the "package" had been withheld from publication for some weeks while National Health drew up its regulations.

The spokesman said someone declared a prohibited person, in this case on the evidence of a medical officer, could appeal to the Immigrants Appeal Board.

"It is only when all procedures have been gone through, and the board has upheld the decision, that repatriation can take place."

Persons placed under quarantine or other conditions in terms of the orders will be "obliged" to adhere to reasonable instructions by medical officers. — Sapa.

Eveltest 6/10/82

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World total of Aids cases tops 60 000

GENEVA — The latest toll of Aids victims has topped 60 000, the World Health Organisation said in a publication released yesterday.

It said 124 countries had reported 60 653 Aids cases up to September 30, an increase of 1 773 since September 2.

The latest total represents an increase of 14% over the 53 121 reported up to July 1.

The WHO has said the number of cases reported represents only a fraction — perhaps half — of the actual global total, as governments are not obliged to report.

That total represents perhaps only 1 or 2% of the five to 10 million people carrying the Aids virus, the WHO says.

There is no effective cure or vaccine for Aids, which breaks down the body's defences and leaves victims susceptible to infections and cancer.

It is spread mainly through sexual contact and body fluids.

The United States reported 980 more cases, to total 41 825.

France had the second-largest number of reported cases, at 1 980

Other tallies listed in the WHO's Weekly Epidemiological Record, with the previous figures in brackets, included:

West Germany 1 298 (1 217), Uganda 1 138 (unchanged), Tanzania 1 130 (unchanged), Canada 1 000 (unchanged), Britain 935 (unchanged), Italy 870 (850), Haiti 851 (unchanged), Rwanda 705 (unchanged), Kenya 625 (unchanged), Australia 583 (562), Spain 508 (357), Mexico 407 (unchanged).

Zambia 395 (unchanged), Zimbabwe 380 (57), Zaire 335 (unchanged), Netherlands 308 (260), Switzerland 266 (unchanged), Belgium 255 (230), Central African Republic 254 (unchanged), Congo 250 (unchanged), Trinidad and Tobago 201 (unchanged) and Dominican Republic 200 (unchanged). — Sapa-Reuter

● See Page 10.

Aids is a major threat to Africa's urban elite

From JEREMY GAVRON

NAIROBI. — Sunday's public statement by President Kuanda of Zambia, that his son Musuzyo, who died aged 32 last December, had contracted Aids, was a brave move.

Unlike in America, where film stars, politicians and famous designers have all been seen to die of Aids, not one newsworthy death had previously been attributed to the disease in Africa.

But while Dr Kaunda's honesty may be unusual among the elite in this continent, his reason for weeping is not.

Aids in Africa is hitting the urban middle class — the teachers, administrators, doctors, engineers, traders, mechanics and military officers whose skills are so vital for the future of African countries.

In the cities of Central and East Africa, studies suggest that between 10 and 20 percent of people aged 15 to 40 have been exposed to the Aids virus. Many doctors believe that in Africa, half of those who test positive for the virus will be dead in five years and most within a decade.

"A disease selectively causing ill-health and death in the most productive age group and in the best educated will have . horrifying demographic, social and economic consequences," says a report, "Aids in Africa", published earlier this year.

In Zambia, Aids-watchers privately admit that more than a few of the business and political elite have already died of the disease.



Dr Kenneth Kaunda

It is believed that more than half of the Zambian army is already infected with the virus.

At the main hospital in Lusaka, Zambia's capital, more than a third of the young men who were tested last year were infected with the virus — and only the better off and better educated ever go to an urban hospital.

In Kitwe, in the industrial copper belt, 44,4% of female patients at the hospital tested positive for the Aids virus, while well over 10% of "healthy" people, such as blood donors and pregnant mothers, were also infected.

Similar statistics are repeated in cities in an arc sweeping north from Zambia through Tanzania, Burundi, Rwanda, Uganda, Zaire and the Central African Republic.

At a maternity clinic in Kampala, 13% of pregnant mothers tested were found to have the virus in 1986.

Studies show that in the rural areas and in the poorer shanty towns of the cities, Aids has not taken such a strong hold.

Many of the traders in Kyotera, once a thriving market town in the middle of Rakai district in south-west Uganda, have died or left. The mayor lost three brothers to Aids.

Aids seems to hit the urban elite in Africa because these are the people who travel, who care less about tradition, and have looser morals and more opportunity for promiscuity.

Experts in Uganda, the first country in East and Central Africa to face up to the problem, urge that major efforts must be made to teach children about the disease.

But it is not the myriad children in the rural areas in Africa who have caught the disease, nor the unemployed youths in the shanty towns.

It is the young men and women who should be bearing the hope of Africa. That they are the targets, says the publication Aids-Forschung, "will have crippling effects on the already unsteady economies of African states. Modernization programmes will be jeopardized, with a return to subsistence farming in rural areas and hunger in the towns".

SA Today

Children hurt as cylinder explodes

JOHANNESBURB. — Two children were injured and three shops gutted in Diepkloof, Soweto, last night after a leaking gas cylinder exploded. Witnesses said the children, Minkies and Tshepo Lekgoba, both aged 3, were trapped for more than an hour when a wall and roof collapsed. — Argus Correspondent. N4645 7/10/87 92

100 Aids carriers in Natal

DURBAN. — More than 100 people in Natal were Aids carriers, Professor Dennis Pudifin, professor of medicine at the University of Natal, said. Four people had died from Aids in Natal this year. — Argus Correspondent.

GAY TIMES 8/10/87

'First' spreader of Aids identified

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Own Correspondent

NEW YORK. — A French-Canadian airline steward of Montreal is now believed to have been the "patient zero" who started the spread of Aids among homosexuals.

Mr Gaetan Dugas worked for a Canadian airline and is known to have had affairs with the first two identified Aids patients in New York.

He is also known to have had relations with at least four of the first 19 people who succumbed to the disease in Los Angeles.

Another four of the 19 had sex with one of his lovers and at least 17 of the first 248 cases reported in the United States were linked to Mr Dugas.

Mr Dugas died of Aids in 1984, aged 28. He is thought to have become infected through sexual contacts with Africans in Europe.

He was traced by medical researchers of the Centre for Disease Control in Atlanta, Georgia, several years before he died.

AIDS row breaks out in Harare

MICHAEL HARTNACK

HARARE — The AIDS virus has become the centre of an international row.

Harare yesterday lived up to its reputation with US diplomats as "the Soviet disinformation capital of Africa" when another story appeared in the government-controlled media here claiming the AIDS virus was manufactured by the US government.

Earlier this year, State Department expert Kathleen Bailey flew from Washington to try and persuade newsmen not to publish "planted" stories aimed at whipping up anti-American sentiment in the Third World.

Bailey said Soviet tactics were to persuade or trick African media to publish stories, then circulate cuttings in the Third World quoting "an impartial African publication" as the source.

The US embassy yesterday prepared a strong protest to the para-statal Zimbabwe Newspapers Ltd about the prominence given to a story, quoting scientists resident in Eastern Europe, that the AIDS virus was "engineered" in a secret laboratory in Maryland.

A spokesman said he was "astounded" the article had been used by the main national daily newspaper, the Herald.

Cape Times 9/10/87

Govt plans 'massive' anti-Aids campaign

97

Own Correspondent

DURBAN. — A massive anti-Aids campaign is to be launched by the South African government "within the next few weeks".

This was confirmed yesterday by the Minister of National Health and Population Development, Dr Willie van Niekerk, who said the illness was regarded as extremely serious.

So far it had affected about 1 500 000 people in America and claimed about 70 000 lives worldwide.

Although South Africa was "reasonably lucky", in that the incidence of Aids here was not as high as in African countries such as Zaire, there was no doubt Aids was a most serious disease.

Dr Van Niekerk said the government would use a "private consulting company" in its campaign.

President Insurance Company for injuries she received in a car accident.

Aids regulations delayed

PRETORIA. — Regulations providing for the repatriation of foreign workers found to be carrying the Aids virus would not be published in this week's Government Gazette, a spokesman for the Department of Home Affairs said yesterday. The regulations were due to be published two weeks ago but were delayed.

Aids tests for Cape Town students

Cape Times 10/10/87

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"WHY TEST US?" . . . Miss Tina-Louise Smith (left) and fellow Livingstone High School pupil Miss Shariah van der Schyff discuss their coming year of study in West Germany. Picture: RICHARD BELL

By CHRIS ERASMUS

A GROUP of 23 South African school pupils — including eight from Cape Town — have been asked by the West German government to have an Aids test before they leave for a year's study in West Germany early next year.

The reason, according to Mr Hannes Zöllner, chairman of the SA Youth Exchange programme, is that the West German government now considers Africa to be a high-risk region for Aids infection.

However, the tests were merely a formality like other vaccinations and health precautions required for international travel.

Asked how they felt about being tested for the virus two of the Cape Town exchange pupils, Miss Tina-Louise Smith and Miss Shariah van der Schyff, both 17, said they thought it was "very funny".

"Why should they want to test *us*?" joked said Miss Van der Schyff.

"Actually, we understand why they are doing it but this is one test we all want to fail," she chuckled.

Both pupils, who write matric this year, have been studying German for five years and are not worried about a year in the equivalent of a matric-level German-medium class.

"I'm a bit nervous, but also excited," said Miss Smith.

"I've never been out of the Cape before, so I don't know what to expect although I'm sure it will be very stimulating and different. I feel that coping with the German will be a challenge but I think I will be all right," she said.

A group of 10 West German students who have been in South Africa since July was the second to have come here on the programme, he said.

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vice ☎ 208-4911 (Monday to Friday) · Cape Times, Box 11, Cape Town (Registered at the GPO as a newspaper)

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Kaunda urges world crusade on Aids

SUNDAY TIMES
FOREIGN DESK

AIDS must be fought as an enemy of all mankind without "wasting time pointing fingers at one another," says President Kenneth Kaunda of Zambia.

President Kaunda, who lost a son to the fatal disease, told a news conference in Washington that "AIDS cuts across ideologies, cuts across colour, cuts across religion ... rich or poor, AIDS is an enemy".

Stupid

He said: "All must rise up and fight this enemy or it will destroy us all."

He described as "time-wasting and stupid" the tendency to debate where AIDS originated, who was to blame for it, or which regions had the most victims.

Dr Kuanda, who is current chairman of the Organisation of African Unity, said a concerted worldwide campaign against AIDS should be co-ordinated under the World Health Organisation (WHO).

AIDS is reported to be reaching epidemic levels in the United States and some other Western countries, where most victims are male homosexuals and intravenous drug users, and in some African countries, where the victims are predominantly heterosexual.

In November 1986, a WHO official said there were about 100 000 known cases of AIDS.

A million people are thought to have been affected by AIDS-related symptoms and 5-million to 10-million have been exposed to the AIDS virus.

ST 11/10/87

92

(92)

'First, you give us some

CP Correspondent

THE Statue of Liberty beckons to those who aspire to be citizens of the United States of America, welcomes immigrants with the famous words "Give me your tired, your poor, your huddled masses, yearning to breathe free..." to which President Reagan could well add "and give me a sample of your blood".

Acknowledging publicly for the first time the Aids problem in the United States, the President announced at the end of May this year that Aids should be added to the list of contagious diseases "for which immigrants and aliens seeking permanent residence in the United States can be denied entry".

His directive was quickly implemented – at least in principle.

As of August 8 this year applicants for US residency face a requirement to be tested to see if they have been exposed to the Aids virus.

Those who show the presence of the virus or who show symptoms of Aids itself, will be told so and refused entry.

The legal requirement is thus clear.

But what is not clear is how and where and under what guarantees the testing is to be done.

US authorities maintain that potential immigrants' governments will not be informed of the results of the tests, and yet much of the testing will have to be done in the applicant's home country, in facilities where the US may have no jurisdiction.

The tests will also be expensive, costing up to R100 each, excluding the administration of records and notifications.

With 570 000 immigrants admitted to the United States every year, the gross cost could well exceed R60-million annually.

Moreover, for this sum, the United States will be buying an illusion – that mandatory testing programs can somehow stop the spread of Aids.

The World Health Organisation and Reagan's own Surgeon-General, have long warned that the test (for anti-bodies to HIV) fails to direct anti-bodies in people who have only recently been exposed to the virus – the anti-bodies can take as long as six months to appear after infection.

A reliable test for the virus itself is not yet feasible on a mass scale.

To be absolutely sure that a newly infected person does not slip through, US immigration officials would, therefore, have to ensure that most immigrants were tested twice.

Both tests would usually be performed in the immigrant's country of origin.

But the question that should be asked is: "How will immigration officials explain to most immigrants that they could more likely contract the virus inside the US rather than outside?"

With some 1,5 to two million US citizens thought to be infectious carriers of the Aids virus, the logical place to start widespread mandatory testing, if it is believed that such a procedure can control the spread of the virus, would be the US itself, rather than the countries of application for US citizenship.

From an outsider's perspective, Americans are reacting like the man who tried to install fire alarms after his house had caught fire

On a global scale, outsiders ask, who has been infecting whom?

In 1985 some 12-million Americans travelled abroad.

The appearance of Aids in other parts of the world has often been linked with the exposure of nationals to liaisons with American homosexuals or intravenous drug abusers, to imported America blood products, or to surgery or blood transfusions in the US.

In the Phillipines a women's group called "Gabriella" is trying to sue the American military because it believes that 44 Pilippino prostitutes contracted HIV as a restult of having sex with US servicemen.

In September, Noboru Takeshita, the man who hopes to be Japan's next Prime Minister, jokingly told a political meeting that, because of the soaring yen, American servicemen can no longer afford to go out with Japanese call girls.

Instead, he said, they were staying on base, giving Aids to each other.

The lobby of support of testing in the US has managed to stir up enough heat that public opinion is now turning in favour of mandatory testing.

The rapid shift can be gauged by the fact that the first Bill to require testing of immigrants was defeated in the Senate by a 2-1 majority.

In June a similar Bill was passed without demur.

A subsequent public opinion poll found that 74 percent of the respondents were in favour of testing immigrants.

Many Africans find the current American stance especially insulting, as they have already suffered from the poorly-evidenced assumption by some American Aids researchers that HIV originates from Africa

And they remember other Western attempts to blame Africans for the diseases ranging from malaria to syphilis.

In a number of countries, African students have already been subjected to discriminatory HIV testing and sent home when found positive.

They have been subject to racist abuse fuelled by the fear of Aids.

Unlike the United States, though, Africans are unlikely to suggest that Americans coming to their countries should be tested for HIV

# of your blood before you become American'

Big 'no' to abortions for pregnant Aids victims

CP Correspondent

THE Family Life Movement in Zambia is opposed to the idea of terminating pregnancies of women found with the Aids virus HIV.

Director of the Family Life Movement, Father Richard Cremins, said in a statement that the movement disagreed that the babies of women found to be carriers of the HIV virus should be aborted.

Cremins was reacting to a statement last weekend by Dr Gavin Silwamba, chief medical officer at the Nkana division of Zambia Consolidated Copper Mines, that doctors were in "limbo" about pregnant women found with the virus or Aids.

Silwamba said doctors felt it would be fair to terminate the pregnancies if HIV was positive after screening the blood of the women to save the victim from painful experiences.

"A directly induced abortion always means the deliberate taking of an innocent human live," said Cremins.

Whatever human laws might say, abortion was morally a criminal and violent act which tried to solve a human problem by killing the weakest and most defenceless person concerned.

"It stands condemned not only by religious but also by true human sentiments," said Cremins.

Cremins also said that only about 50,4 percent of the HIV infected mothers were liable to pass on the virus to their children – the rest would deliver healthy babies.

"Should the remaining half of the babies be killed in case they might be infected or for the sake of their mothers who were most bound to protect them and could be looked after and to live their lives however short?" Cremins asked.

"It does not make sense to kill people because they are sick.

"The logical conclusion from doing so is that the Aids crisis should be tackled by putting to death those who are found with the HIV virus," said Cremins.

Cremins, however, supported Silwamba's view that the only way to fight Aids was education and total abstinence from promiscuity.

President Kenneth Kaunda admitted that his fifth son, Masuzyo, died from liver and kidney failure as a result of Aids.

"It is a thing which is serious and we plead with the World Health Organisation to fund campaigns in the fight against Aids," said Kuanda. – Ano.

(92) B/d any 13/10/87

Set to profit from AIDS

Own Correspondent

LONDON — Hot money is going into finding a cure for AIDS. For venture capitalists with millions to speculate the risks are high but the rewards almost beyond calculation.

This week will see the establishment of Britain's first limited company funded by investment capital solely for research into treatments and drugs for the killer disease.

Hiver has been formed by Health 2 000, part of the City of London investment portfolio managers Lombard Odier.

Shareholders are understood to include a number of major research institutions with an initial investment of about £300 000.

The Association of British Pharmaceutical Industry etimates that out of a £650m budget for research and development, the drug companies are spending at least £40m on AIDS.

But this is dwarfed by the money being spent in America. The Guernsey Island-based Biotechnology Investments, chaired by Lord Rothschild, has investments in nine quoted companies in Britain and America with major AIDS research programmes.

Last week, shares in Fisons jumped from 354p to 380p on news that America is considering giving the company rights for the aerosol version of the drug pentamidine, as a prevention for a form of pneumonia affecting many AIDS sufferers.

With one in three research ventures typically failing, the risks for invstors are high. But so are the rewards.

SA Aids victims 'doubling yearly'

Weekend Argus Correspondent

PRETORIA. — The number of Aids victims in South Africa is doubling every year and all South Africans will have to change their lifestyles and realise the ernormous potential of the disease to spread sexually, says Dr Ruben Sher, head of the Aids unit of the South African Institute for Medical Research.

Dr Sher, who is one of the speakers for the biennial congress of the Institute of Public Health at the Sinodale Conference Centre in Pretoria later this month, said that according to the latest statistics, 62 South Africans, and 20 non-South Africans have been treated for this deadly disease.

"Of the 62 South Africans, 55 were homosexual and bisexual men, two were heterosexual men, two were blood-transfusion cases and three haemophiliacs. Of the 55 homosexual men, 54 were white and one was coloured. Sixty-seven percent of the victims have died," said Dr Sher.

Well-known author on drug and alcohol abuse in South Africa, Dr Sylvain de Miranda, will also deliver a paper at the conference.

Other speakers include Professor Harry Seftel of the University of the Witwatersrand, Dr F P Retief, director-general of National Health and Population Development, and Dr Cliff Johnston of the SABS.

The congress will be opened by the Minister of National Health and Population Development, Dr Willie van Niekerk.

'Women dying more quickly from Aids'

NEW YORK — Studies in three States have found that women with Aids are dying more quickly than men with the disease.

This finding is puzzling researchers, according to a report in today's New York Times.

Researchers said further study had to be done before any conclusions could be drawn from the differing survival times. However some experts called the indications disturbing.

"We see a dramatic difference in the survival of women with Aids," said Dr Margaret Fischl, of the University of Miami. "The reason may be hormonal. Aids in women may be a different disease."

However, other factors may be at play, such as later diagnosis of the disease in women; a large number of sickly drug addicts among women victims; or poverty among female victims that prevents them from obtaining good care.

The 119 women with Aids seen by Dr Fischl survived an average of 6,6 months after diagnosis, compared to an average of 12 to 14 months for men, the Times reported.

In California, 128 women with Aids lived an average of 40 days after diagnosis, while nearly 7 000 men lived an average of more than a year.

In New York, approximately 1 000 women with Aids lived fewer than two years after diagnosis, while 10 000 men lived about 2½ years, on average.

"It's something that may have significance," said Dr Richard Rothenberg, of the Federal Centres for Disease Control in Atlanta.

Aids is a disease in which a virus attacks the body's immune system, leaving victims susceptible to a wide variety of infections and cancers. — Sapa-AP

(2)

Anti-Aids laws are to be gazetted in two weeks

SMH 20/10/87

Pretoria Correspondent

South Africa's "anti-Aids" legislation — which declares foreigners who have certain diseases, including Aids carriers, prohibited persons — will be gazetted in two weeks.

The measures, aimed at allowing for the repatriation of people suffering from yellow fever, cholera, plague or people identified as carriers of the Aids-causing human immino-deficiency virus (HIV), and of Aids sufferers, are to be made in terms of admendments to the Admission of Persons to the Republic Act regulations.

POSTPONED

The regulations were originally scheduled to be published in the Government Gazette on September 25, but this was postponed and the announcement scheduled for last Friday, October 16.

But a spokesman for the Department of National Health and Population Development said it had been again postponed and would now "definitely" appear in the Gazette on October 30.

Condoms for Jo'burg loos?

Municipal Reporter

The Johannesburg City Council is considering an application to install 100 condom/tampon vending machines in public toilets.

If the licensing board approves the company plans to install these machines in the toilet facilities of hotels, supermarkets, pharmacies, escort agencies and clubs frequented by homosexuals.

The council's Health and Environmental Committee has indicated that it will not oppose the move and that it has aligned itself with the views of Dr Willie van Niekerk, Minister of National Health and Population Development.

The company quoted a letter by Johannesburg's medical officer of health, Dr Hilliard Hurwitz, saying: "In view of the problem we are facing in terms of the need for family planning and prevention of sexually transmitted diseases, including Aids, any proposal of this sort to make condoms more freely available to the public can only be welcomed."

Number of Aids victims doubling — expert

The number of Aids victims in South Africa is doubling every year and South Africans will have to change their lifestyles and realise the potential of the disease to spread sexually, says Dr Ruben Sher, head of the Aids Unit of the South African Institute for Medical Research.

Dr Sher — who will speak at the biennial congress of the Institute of Public Health at the Sinodale Conference Centre in Pretoria later this month — said according to latest statistics, 62 South Africans, and 20 non-South Africans have been treated for this deadly disease in this country.

"Of the 62 South Africans, 55 have been homosexual and bisexual men, two heterosexual men, two blood transfusion cases and three haemophiliacs.

Of the 55 homosexual men, 54 were white and one was coloured. Sixty-seven percent of the victims have died, said Dr Sher.

Other speakers include Dr Sylvain de Miranda, an expert on drugs and alcohol abuse.

AI J VENTER



AL J VENTER has just completed 18 months shooting the first full-length documentary programme on AIDS in Africa.

Accompanied by Johannesburg doctor and author Jack van Niftrik, Venter visited some of the AIDS-decimated communities on the continent.

His assessment of the current situation and its longer term strategic implications:—

A RAMPANT killer is on the loose in Black Africa — AIDS. Grim statistics of the virulent new black death are everywhere.

- World Health Organisation figures hold there are two million AIDS victims in Africa;
- An independent actuarial study in Zimbabwe has concluded that two-thirds of the population could be dead by 1995 unless rapid strides are made in controlling the disease;
- Medical workers in the most affected central African countries believe the number of sufferers is doubling every eight months;
- In the worst case scenarios — supported by US military intelligence research — it is believed as many as 60 percent of the population in parts of certain African countries may die in the next seven years.

I have just spent two months visiting several of the countries most severely affected by the HIV (AIDS) syndrome.

These included five weeks in the worst AIDS-ravaged regions of southern Uganda close to the Tanzanian, Burundi and Zairean borders; a fortnight in Kenya — and in particular West Kenya, or Luo country as it is colloquially termed, as well as time in Zambia, Botswana and South Africa.

The most striking impressions were



Dr Jack van Niftrik who accompanied Venter to Uganda

to be found in Uganda, a region where many thousands of locals have already died of the disease, even though Kampala admits officially to only 1 160 cases of AIDS during the past five years.

In one town alone, Kyotera in the south west, we were told by Mr Roshid Bundra, Resistance Council Chairman for the 30 000-strong settlement, that there had been between 4 000 and 5 000 deaths from AIDS in the past six years.

Around Kyotera, every little settlement, every village, had its freshly dug graves; more evidence of a catastrophe.

The interior of Uganda, straddling as it does the Equator, is much like several dozen other African countries covering the face of the continent. Life is basic, mostly on the subsistence level.

Yet, in one respect, there are strong parallels with certain sections of society in American cities where the AIDS disease has also become endemic. But, in Africa, all the sufferers are heterosexual. And that is what makes it all so frightening.

The movement of AIDS across the African continent has been like a blitzkrieg of nature. From the shores of Lake Victoria and the jungles of Central Zaire it has found a channel in the tens of thousands of trucks that criss-cross the continent.

Lorry-drivers, traders and other travellers move without let or hindrance across this great land mass. Recent research in East Africa has shown that the disease has proliferated with dreadful rapidity during the past five years, certainly hastened by this unhindered movement of its human carriers.

Travellers need to eat and sleep; and they do so at thousands of little ramshackle inns scattered along every road in Black Africa. Prostitution proliferates so that the worst infected areas in Africa are in the big cities and along all the main roads linking them.

Whether the disease was first imported from elsewhere is of little consequence. It was spread on wheels.

In 1986, the World Health Organisation estimated the number of AIDS cases in Africa at two million.

Extrapolating from these figures, as was done in the Population Report of August 1986 from the Johns Hopkins University in the US, it was reckoned that for every 100 000 people with active AIDS there are between five and 10-million people who are asymptomatic HIV carriers.

Kampala has become a focal point in the search for more information about the AIDS problem of Africa. Dozens of television crews from almost every country in the west have visited Kampala in the past 18 months

Very few of them venture into the interior where the real problem lies, mainly because of the chaotic transport situation.

In the various African capitals visited there is little evidence of the disease visible in everyday life; because of chronic overcrowding in hospitals AIDS sufferers are usually persuaded to go home and die.

The locals are aware of the consequences of promiscuity, but the only result is a reduction in the number of prostitutes hanging about the few hotels that remain open in Kampala and a new awareness of the value of condoms.



MONUMENTS TO AIDS: A grim testimony to the rampant disease

We spent time at St Francis Hospital at Nsambye in Kampala, a hospital that has played a heroic part in attempting to contain the spread of AIDS in Uganda.

It was here that it was originally discovered, in 1986, that 60 percent of the local prostitutes were sero-positive. That figure had increased to almost 100 percent by June 1987.

With limited facilities and very little in the way of funds, treatment at St Francis remains elementary, with a small, hard-pressed staff doing their best in extremely difficult circumstances.

Sadly, it is the children who contract the disease congenitally who fare the worst.

Thousands of Ugandan children have died as a result of one or both their parents being infected. Most succumb quickly to malaria or bronchopneumonic complaints due to the severe damage AIDS inflicts on their immune systems.

So far not a single child infected with AIDS has survived more than five years, while the older, non-sexually active children remain AIDS free, which gives the lie to fears that AIDS might be transmitted by mosquitoes.

That the subject of AIDS in Africa is alarming several powers with interests in the continent is underscored by the fact that America has recently established its own AIDS research unit in the Kenyan capital, working directly under the auspices of the US Department of Defence.

Operating under the command of General Philip K Russell, the unit reports back directly to the US Army virus research authority at Fort Detrick, Frederick, Maryland, and is headed by Dr Bruce Johnson, who has been in Kenya for several years.

His recent findings, a black associate disclosed, are regarded as "dynamite" and are a closely guarded secret, known only to himself, his associates and Washington.

By his own admission to friends (he refused adamantly to be interviewed), Dr Johnson has found that the numbers of AIDS sufferers he deals with on a daily basis present serious cause for alarm.

In April 1986, Dr Johnson saw only a handful of suspected AIDS sufferers each day By October 1986 that figure had climbed to 25 a day, of which a large proportion were AIDS positive.

He is not prepared to comment on how many cases pass through his hands now, one year later.

Americans working in East Africa say that the number of AIDS patients there is doubling every eight months or so, and that this figure appears constant for all those areas of Africa where research into the subject is being done.

What is important about the work handled by this American group in Nairobi is that most of the cases tested in Kenyatta Hospital are, in fact, already showing clinical evidence of the disease.

Meantime, they're pretending it's not happening

THE grim pattern of AIDS death is repeated throughout the continent. Some aspects:

Nigeria. The government refuses to acknowledge that AIDS has become a problem in the country.

No independent health inquiry has been permitted, which is one of the reasons why the British government has mooted the possibility of instituting AIDS tests for Nigerians wishing to visit the United Kingdom.

Some European governments already insist on AIDS-free certificates for students from Africa.

Zambia. Here is another African country severely affected by the AIDS virus.

How widely it has spread nobody can tell, because no independent research is allowed. Anyone asking more than casually about the disease is likely to be quickly flung out of the country.

The ban is total; it's the same in Tanzania, Malawi, Nigeria, Ghana, Tanzania and a few other black states; people shut their eyes and hope it will all go away.

Several Western authorities have severely criticised what has been called "this conspiracy of silence among black African leaders", and here President Kenneth Kaunda, normally as enlightened a head as any on the continent, is as guilty as the rest.

Until this month, when he admitted to the death of his son from the disease, Dr Kaunda has stubbornly defended the purity of his nation, though people in Lusaka talk openly about AIDS being rampant in the Zambian armed forces. Some say AIDS is as prevalent in Zambia as in Uganda.

A curious side-effect in Lusaka has a direct bearing on Eastern European diplomatic foreign aid, and especially on military personnel.

After the infection of several Russian military specialists, the Russian embassy reacted vigorously. Any East European found associating with local girls is sent home.

It is said that all Soviet and allied staff serving in black Africa are now tested for AIDS every six months as a matter of routine.

Westerners have also been affected.

Zaire. Though President Mobutu Sese Seko has allowed some Western specialists into Kinshasa and its environs to study the proliferation of the virus, not all their findings have been disclosed, except that it is rampant.

There is some indication that the infection in some parts of Zaire, notably the huge slums surrounding towns like Kinshasa, Kisangani and Lubumbashi, makes the Ugandan and Zambian outbreaks seem mild by comparison.

In the past, ideological strife was the most significant factor in the population. Now disease is the single greatest threat on this continent of about 400-million people.

So what if Africa IS depopulated?

WILL the ravages of AIDS lead to another scramble for depopulated parts of Africa if the disease is not brought to heel soon?

The prospect — unlikely as it now seems — is being seriously considered by intelligence think-tanks around the world.

Africa remains the world's single largest commodities resource — from uranium, copper and gold all the way through to hundreds of consumer items as diverse as cocoa, hardwood and maize, as well as a host of tropical products.

Depopulation in countries, such as Mozambique, Zambia, Zimbabwe and Botswana, will, within the military context, bring relief for South Africa.

Angola — torn by a 12-year civil war — will suffer.

The extent of military contact between Frontline capitals — Luanda, Lusaka, Harare, Dar es Salaam and Maputo — with consequent huge entourages of military personnel moving between these cities, has done nothing to limit the spread of the disease.

The situation is serious enough in Luanda, the Angolan capital, to have resulted in an edict by the Cuban High Command prohibiting Cuban soldiers from fraternising with local girls. Obviously, with about 30 000 Cuban soldiers in Angola at any one time — for periods of up to three years — it is axiomatic that it would be an impossible order to enforce.

That Cubans have been seriously affected by AIDS while serving in Africa has been underscored by other developments.

Until March, 1987, Cuban soldiers wounded in battle received local blood in transfusions. That was abruptly halted when it was discovered, rather belatedly, that locally donated blood was heavily contaminated.

Since then, all blood supplies needed for Cuban and East European personnel serving in Africa comes directly from the German Democratic Republic.

Obviously, Castro is known to be closely monitoring the situation. And certainly, if infections continue, he must reach a stage where strategic considerations give way to human priorities back home.

The question which must now be asked is this: What will happen should the populations of all countries, like Uganda, Kenya and Zaire (not to speak of much of equatorial West Africa), become seriously affected by HIV?

What if current projections are correct and more than half the populations of these countries are wiped out before the turn of the century?

Who will fill these vacuums? Immense tracts of African real estate will be available, literally for the taking, because national forces will be unable to do anything about anyone else taking it.

Clearly, this is one of the issues being carefully assessed by the presence of the US Department of Defence in Nairobi.

Having spoken to some of these people, I know that they are just as aware of the consequences as are the Soviets.

And if there is any major step to be taken, the Americans want to be the first to implement it.

A curious sidelight to the AIDS issue in East Africa is the attitude of the local Asians and European residents, especially those in Kenya.

Some Whites with whom I spoke in Nairobi referred rather cynically to Kenya being a good place to buy property for the future. Consequently, it could perhaps well be because of the tragedy that property prices in Kenya have risen rather sharply of late.

But it is the Asian community which takes a rather more serious view of the matter. Here, New Delhi must have an interest.

Some Asians in Nairobi are already talking of a depopulated East Africa being ideal for the settlement of some of continental India's overpopulated millions.

There is also no doubt that such an Indian migration — with its accompanying economic expertise — would turn Africa into the continent of the future.

For their part, the South Africans would react strongly.

If Zambia or Mozambique were depopulated, South Africa would surely, overnight, try to fill that gap with its own forces. There are some strategists in Pretoria already talking about a new "buffer concept" several hundred kilometres north of existing borders.

At the same time, South Africans are aware of the disease affecting their own population. There is talk of repatriating AIDS-infected mineworkers, principally to Mozambique and Malawi, where infection among expatriate workers has been the worst.

That the disease has already affected large numbers of South African expatriate blacks in the neighbouring states is a reality.

Certainly Africa, with its extensive reserves of strategic ores and minerals, will be much in the limelight in the decade ahead.

Should Zambia, with its copper, or Zaire, with its cobalt, copper, diamonds, gold and uranium, go to waste as a consequence of AIDS, it will be interesting to see at what stage the developed world starts its next scramble for Africa.

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revealed: In some

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On the spot report that will shock the world



WAITING FOR DEATH
Aids victim pictured by Derek Large

Now the full r of African Aids is countries six people likely to die by 1994

Tanzania to do battle with Aids

CP Correspondent

THE Tanzanian government has launched a five-year program to combat Aids in the country.

The Tanzanian director of preventive services in the Ministry of Health and Social Welfare, J Temba, told the ruling Cchamacha Mapinduzi Party newspaper to tackle various aspects of checking the spread of the disease in the country that would cost about R20-million.

Under the five-year program, the Ministry of Health and Social Welfare, in co-operation with the National Committee – formed in 1985 – will educate the public on measures to take to avoid contracting the disease.

The program will encourage the use of condoms, undertake medical research on Aids, assess the situation of the disease and follow up its spread.

In addition, the program will discourage unnecessary blood transfussions and syringe needle injections since these are some of the sources of infection.

The Ministry of Health and Social Welfare will also strive to ensure that Aids cases are being monitored and victims are properly taken care of.

So far, between 1983, when Aids cases were first reported in the country and now, more than 1 000 Aids victims have died.

To assist Tanzania to combat the disease, the Danish International Development Agency, the Swedish International Development Agency and the World Health Organisation have contributed about R8-million. – Ano.

92 27/10/87

★ Cape Times, Tuesday, O

Editor: Argus didn't report Siff had Aids

AT "NO TIME" did the Argus report that Cape Town businessman Mr Robert Siff had Aids, Mr Andrew Drysdale, editor of the Argus, told an investigative committee of the South African Media Council in Cape Town yesterday.

The committee heard evidence and was asked to adjudicate on a complaint brought by Mr Max Hales, executor of Mr Siff's estate, on a front-page lead report in the Argus of September 3, 1987, on the death of Mr Siff — who fell from a seventh-floor balcony of a Sea Point block of flats.

The findings of the committee would probably be released next month, members said.

Mr Hales claimed the Argus "insidiously sought to link Mr Siff as a possible Aids victim or Aids carrier".

The newspaper also offended the Media Council's Code of Conduct in showing a picture of workers with the following narration: "Rescue workers wearing protective gear decontaminating the spot where Mr Siff fell to his death."

He said he informed the Argus by phone and by telex that Mr Siff was not suffering from Aids.

Mr Siff had requested his doctor to do a test for Aids about a week before his death and the results became known on the afternoon of his death. He could not give this information to the newspaper as it was confidential, but did say he did not suffer from Aids.

Mr Drysdale said that on the available facts at the time of publication on September 3, the Argus did indeed report truthfully, accurately and objectively.

"A commissioned officer of the SAP said Metro workers were dressed as they were because there was reason to believe the deceased may have been suffering from, or carrying, the Aids virus ...

"Far from seeking sensationalism, the Argus deliberately withheld the word Aids from the main headline which read 'City Death Plunge' and from the street poster which read 'Wealthy bachelor's city death plunge'."

Mr Drysdale added that the Argus did publish on the first occasion possible that the Aids test had proved negative. — Sapa

NATIONAL/INTERNATIONAL

Death fall media case: Three heard in camera

Staff Reporter

THREE witnesses were heard in camera by the Media Council during its hearing of a complaint against The Argus arising out of a front-page report on the death fall in Sea Point of a Cape Town businessman.

Evidence from Captain Leonard Knipe of the police and Argus reporters Stephen Wrottesley and Linda Galloway was heard in camera.

The complaint about the report was made by Mr Max Hales, executor of the estate of Mr Robert Siff, who died in a fall from the balcony of his seventh-floor Sea Point flat in September.

Mr Hales complained that The Argus had failed to report Mr Siff's death truthfully, accurately and objectively, that it had either intentionally or negligently departed from the facts, that what was presented as fact could not have been without recourse to definitive medical evidence, that the report was not rectified without delay and the subsequent rectification was not presented with adequate prominence and that the caption to a photograph was distasteful.

The report in question raised the possibility that Mr Siff could have been an Aids victim or carrier.

Public safety

The hearing went into camera at the suggestion of the editor of The Argus, Mr Andrew Drysdale, who said some of the information might be of a personal nature and he in no way wished to impugn the character of Mr Siff.

In reply to Mr Hales's complaint, Mr Drysdale said reporting of the incident was a matter of immediate public interest and safety.

Mr Siff had fallen to his death in a very public place soon after he had had an Aids test and closely following two suicide-related incidents where those concerned had run the risk of Aids contamination.

When reporters from The Argus arrived they were kept at a distance from the scene where there were all the indications of full-scale emergency precautions.

A senior police officer told a reporter there was reason to believe Mr Siff might have been an Aids victim.

Mr Drysdale said: "In the circumstances, Mr Siff's fatal fall — especially given the police concern — became all the more a matter of public concern and information.

"Highly relevant"

"The public were entitled to know that personnel at the scene of an apparent suicide were wearing protective clothing, and that they were applying decontamination procedures ...

"That Mr Siff had an Aids test before his death, the results of which were unknown, and that another test was ordered afterwards was highly relevant ...

"Mr Siff died in a violent, relatively public manner, in a high-density area a short while after electing to undergo a private Aids antibody test at a particular time of high public interest in the whole question of Aids and the manner in which suicides who suffer from Aids should be dealt with."

Earlier he had acknowledged receipt of a telex from Mr Hales stating that Mr Siff did not have Aids but could not regard Mr Hales as a suitable source.

Mr Drysdale said The Argus report made it perfectly clear that precautionary measures were being taken because there was a suggestion of possible Aids.

But there was no way of establishing if Mr Siff was infected until results of a second Aids test were available.

PUBLIC HEALTH CONFEREN

AIDS victims numbers double

28/10/87 SMM 92

GERALD REILLY

PRETORIA — The number of AIDS victims in SA was doubling every year, SA Institute for Medical Research AIDS unit chief Ruben Sher said.

He told the biennial conference of the Institute for Public Health that all South Africans would have to change their lifestyles and realise the enormous potential of the disease to spread sexually.

Latest statistics were 62 South African and 20-non South Africans had been treated for the disease.

Of the 62 — 55 were homosexual and bisexual men, two heterosexual men, two blood transfusion cases and three haemophiliacs. Of the 55 homosexual men — 54 were white and one coloured.

Sher said 59 563 AIDS victims had been reported to the World Health Organisation from 144 countries by September 16.

There was no cure for AIDS at present. No vaccine was available in spite of intensive efforts to produce one.

The only way to control the spread of the disease in the absence of a vaccine was to prevent transmission between people.

The transfusion of infected blood and blood products had almost been eliminated.

Sher said: "Education and a change of sexual lifestyles is the only way to prevent the continuous spread of the disease."

Monogomy should replace promiscuity and a condom should be mandatory in sexual relations with a partner whose sexual practices were not known.

MBSA strike leads to intimidation case

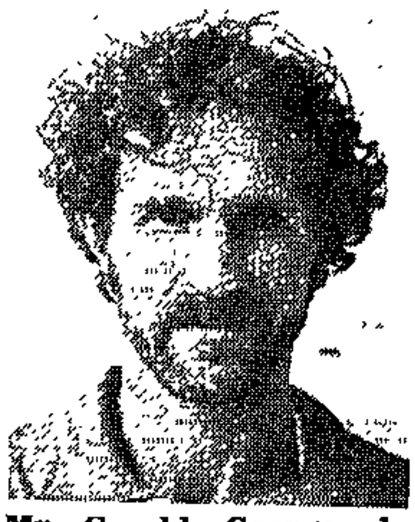
Daily Dispatch Reporter

EAST LONDON — A Buffalo Flats man accused of intimidation during the Mercedes Benz strike in August and September of this year, appeared in the magistrate's court here yesterday.

Mr Matthews Draghoender, 32, of 21 Halifax Street, allegedly threatened a non-striker, Mr Gerald George de Kock, with an iron bar on October 5.

Mr Draghoender denied that he knew Mr De Kock and said he did not take part in any intimidation at the Mercedes Benz factory, before or after the strike.

Mr Draghoender said all he knew about the intimidation was what he had read in the newspapers the following day — that a man had been assaulted at the factory with a plank.



Mr Gerald George de Kock, who was allegedly intimidated during the Mercedes Benz strikes.

He said he was not one of the shop stewards and was just "one of the masses" (an ordinary striker).

The head security officer at the factory, Mr Benjamin Johannes Trevelyan, who was called as a state witness, said there had been a lot of intimidation during the strike and Mr Draghoender had been one of the ring-leaders.

Mr Trevelyan said two or three small groups of intimidators had tried to prevent non-strikers from going to work.

He said the situation at the factory had not yet normalised since the strike.

"People who have laid charges against the intimidators have been warned by certain people to withdraw the charges," he said.

When applying for bail, the defence attorney, Mr H. Lalla, said Mr Draghoender had given the court assurance that if granted bail he would not interfere with witnesses.

The magistrate, Mr W. Opperman, postponed the case until today and Mr Draghoender was remanded in custody.

The prosecutor was Mr L. Adonis.

Cape Times 3/11/87

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Ackerman, Weil in Aids campaign

By CHRIS ERASMUS

A NEW Aids-awareness campaign is being planned for the Western Cape.

Dr Frank Spracklen, of the National Aids Advisory Group, said many people remained ignorant about Aids.

According to Dr Spracklen, the campaign was aimed at "informing everyone in the region about Aids, how to protect themselves from it and how to prevent its spread".

Adolescents and sexually active young adults would be the primary targets of the campaign, he said.

Plans were afoot to set up a centre where health educators could be trained to continue Aids education in the community.

Yesterday, the managing directors of two supermarket chains, Mr Raymond Ackerman of Pick 'n Pay and Mr Clive Weil of Checkers, told the Cape Times they were prepared to commit their companies in principle to backing such a campaign.

Both men greeted the concept as an "excellent idea".

A national cinema advertising contractor, Cinemark, has already presented proposals and cost estimates to health authorities for educational Aids advertisements to be screened during cinema shows.

Also involved in the campaign is Cape Town's Medical Officer of Health, Dr Reg Coogan.

Dr Coogan said it was the "grave responsibility" of health authorities to protect the population from the spread of Aids.

Schoolchildren

"The gay community has been intensively educated to the dangers, and we have reason to believe these people have greatly modified their sexual behaviour patterns over the last year," he said.

"Our next target is the older schoolchildren, but we feel that it is also the duty of this department to bring the facts about Aids to the attention of every household in the city.

"To this end, we are planning to get a pamphlet into every home in Cape Town. These pamphlets, which say what Aids is, how it is contracted, how it is not contracted and how to avoid it, have already been printed.

"An indication of the effectiveness of the limited Aids educational efforts made so far is illustrated by the demand for condoms, which has increased by over 300% in the last year, resulting in the government's supplies for family planning and VD clinics having run out 10 weeks ago," said Dr Coogan.

Dr George Watermeyer, deputy director-general in the Department of Health in charge of preventive medicine, yesterday greeted the local initiative warmly, saying his department would back it to the hilt.

"We have already awarded the contract for a national Aids education campaign and feel that any further effort to educate South Africans to the dangers of Aids will only assist us in our task. We will give whatever assistance we can to such local efforts," he said.

Dr Spracklen said he was "delighted" by the response of both the department and private enterprise to the initiative.

City teacher ill with suspected Aids

Age Times 3/4/87

92

By CHRIS ERASMUS

A TEACHER at a Cape Town high school has been hospitalized for suspected Aids.

Some parents of pupils at the school where the teacher taught, yesterday expressed fears for their children's safety, but health authorities have said there is no need for concern.

The teacher, in his 30s, is a suspected carrier of an Aids virus and is believed to be suffering some symptoms associated with the disease.

But the vice-chairman of the Parents' Association of the school dismissed "hysterical" fears expressed by some parents about the teacher's contact with their children.

"I've no knowledge of this but I can say that there does not seem to be any kind of risk for the children. I am personally not perturbed at all."

Dr Frank Spracklen, of the National Aids Advisory Group, agreed saying there was "no question that this man would ever have been a danger to the children he was teaching".

● Aids-awareness campaign — Page 7

Cape Times 2/11/87 (92)

Survey shows Aids is rife in Uganda

Staff Reporter

AT LEAST 20% of the Ugandan population will have been killed within 10 years by Aquired Immune Deficiency Syndrome (Aids), according to a report in the latest edition of Medical News Tribune, a South African medical periodical.

This estimate was gleaned from doctors in Kampala, Uganda, and the observations of Medical News Tribune director, Dr Jack van Niftrik, who recently visited Uganda to assess the healthcare situation and the status of Aids.

The South African doctor said of his visit to the Rakai farming district that there was at least one case of Aids to be found on each farm.

This, he said, was confirmed by Resistance Council chairman for Masaka Mr Rashid Bundra, who said that in the town population of 30 000, at least one member of every family had Aids.

Dr Van Niftrik and photographer Al Venter headed for the plantations and jungle south of Masaka — and north of the Tanzanian border — to find Aids cases on their own after being warned that they were forbidden access to Aids sufferers without a letter from the Ministry of Health.

Dr Van Niftrik said he found it strange that although he had examined some dozen Aids cases, an official at a nearby rural hospital told him he had never come across any Aids sufferers.

Recently, Uganda was praised by the World Health Organization for its leadership in confronting the Aids problem for reporting an official 1 136 cases of the deadly disease since 1983, at a special programme on Aids in Geneva.

But this figure was not the reality in terms of Aids incidence and political candour, Dr Niftrik said.

A Scottish medical practitioner who had practised in Uganda for 25 years was deported for saying to an American visitor: "Soon there will be four cots for every one child (in hospital) and no parking problems in the city", Dr Van Niftrik said.

He also quotes a physician at the Mengo Mission Hospital at Kampala, Dr David Milton Thompson, who said there was at least a 20% incidence of Aids in the Ugandan population.

Uganda does not keep blood banks, but requests recipients to recruit relatives or to buy blood from strangers.

Only these are subject to antibody tests for the Human Immuno-deficiency Virus (HIV) which causes Aids. Dr Milton Thompson said he had on occasion found a 75% positive rate among blood donors.

● According to Medical News, nine African countries reported a total of only 378 cases of Aids in August 1986. The World Health Organization estimated there were at least 50 000 cases of Aids between 1980 and 1986.

AIDS tests problem

(92) B'day
3/11/87

DIANNA GAMES

GOVERNMENT'S new regulations allowing for repatriation of foreigners infected with the AIDS virus would not prevent entry of all carriers, because the infection takes up to six months to show up in tests.

That is the view of a Cape representative of the National Advisory Group on AIDS, Dr Frank Spracklen, who said it could take between three weeks and six months from the time of infection for current tests to show up the virus.

Dr George Watermeyer of the Department of Health said negotiations were under way with major employer bodies on implementing the regulations and the principles involved in carrying out tests.

He said it was likely such testing would begin soon, but did not want to put a date on it.

Spracklen said as far as he knew testing for AIDS was not, and should not, be done without the informed consent of the person being tested.

Infected people faced psychological shock, became uninsurable, had jobs placed in jeopardy, and now also faced repatriation, he said.

Workers from Malawi are already being tested on their entry or re-entry into SA.

Johannesburg's medical officer of health, Professor Hilliard Hurwitz, said it did not seem at present AIDS would be made a notifiable disease.

'ican' Aids hits SA

'Afr

CAPE TIMES 5/11/87 92

By CHRIS ERASMUS

"AFRICAN" Aids is spreading in South Africa.

Twenty pregnant women have recently been identified in the Transvaal as carriers of the virus and women infected with the Aids-causing virus (HIV) have begun appearing in increasing numbers in both Natal/KwaZulu and the Eastern Cape.

This indicates that heterosexually-spread Aids is beginning to take hold in these areas, as it has throughout Central Africa.

A Cape Time inquiry showed that in the Western Cape 190 infected individuals have been identified in the 30 months since antibody testing began, but almost all are men, suggesting that "African" Aids has yet to reach this region.

Up till now the Department of National Health and Population Development has held that SA's Aids problem was still relatively small and almost exclusively limited to male homosexuals suffering from the "Western" variant of the disease.

According to figures from the SA Blood Transfusion Service, in Johannesburg, the 20 pregnant women with Aids-virus antibodies were among 37 920 of all races whose blood had undergone routine antenatal blood tests since May this year

10c test

The medical director of the transfusion service, Dr Maurice Shapiro, said: "We have developed a system for pooling blood samples for testing for the presence of HIV antibodies, which has reduced the cost per sample to about 10c.

He appealed to the government to consider carrying the cost of free HIV tests for all South Africans who wanted them.

"If we are going to deal effectively with Aids, all the publicity in the world is going to do little good. Rather, we should be tracking down those with the infection, counselling them and offering protection against discrimination and prejudice in the workplace.

Dr Shapiro said the study, which is due to run for another six months, had detected no white or Asian pregnant woman infected with the virus out of 6 144 white and 501 Asian women tested in the first six months.

But it had detected one "coloured" and eight black HIV-infected pregnant women in the first three-month phase from May to July, while one "coloured" and 10 black infected women had been detected between August and October.

"This indicates firstly that our figures are reliable and secondly that the numbers are increasing."

'8 000 cases'

Dr Derek Dickson, deputy medical director of the Border Blood Transfusion Service, said the number of people infected with the Aids virus in his area, which covers Transkei, Ciskei and a small part of SA, was "infinitesimal".

However, of the few cases to come to light so far, all were women

"Our figures here are too small to jump to conclusions, but obviously the Limpopo River is no barrier to this disease and it's just a matter of time before we start to have large numbers of African Aids cases in SA," he said.

Dr Clive Prior, medical director of the Natal Blood Transfusion Service, said: "Compared to the situation in countries to the north of us, the rate of infection in SA is still very low, but it is disturbing that this rate appears to be increasing.

"It is now critical that an education campaign aimed at blacks should be given the highest priority, as our recent figures clearly show that it is among this group that infection, probably through heterosexual contacts, is growing the quickest," he said.

Uganda: the terror, the Aids

by Jack Niftrik

As we leave the air terminal we pass burnt-out aircraft wrecks, civilian and military, littering the perimeter of the airfield — all a legacy of the 1976 Israeli Entebbe Raid.

On the adjoining air-force landing strip helicopeter gunships rise and land, a swarm of menacing brown dragonflies with giant green-glassed eyes.

Our first encounter with the military is a road block just beyond the airport entrance. It consists of little more than a sapling cast across what remains of the rutted tarmac surface laid down during British Protectorate days.

The muzzle of an AK47 is unceremoniously thrust into the window and we are ordered out. The boot of the rattletrap cab, a 960 Toyota Corolla, is opened by the submissive driver, a man well versed with the violent vagaries of trigger-happy African troops.

Gesturing with his rifle, the camouflaged soldier, a boy of 15, orders the cases to be opened.

Al Venter, my companion for the first two days of the trip and an old African hand, refuses. He tells the rubber-booted youth that if he wants sight of the contents, he can open the luggage himself.

The soldier bristles and brings the AK47 up to his hip, his finger on the trigger. He repeats his order. His tone is anything but friendly. Venter, who has seen every corner of the continent over the past 25 years, becomes even more assertive.

Pointing to me, he goes into an angrily impatient explanation of my role in Uganda: I am a doctor. Not only that, but a medical doctor; come to assist the country with its health care education and the welfare of all Bugandans. And adds, for good measure, also to aid the Acholi, Itseo, Langi and Karamojong tribes. He states this as a hedge against the everchanging tribal alliances in Ugandan politics.

The soldier is joined by another of higher rank, a man in his twenties. He too brandishes an AK47, but he wears real leather army boots and his patched uniform strongly suggests that he has seen bush warfare action. It is clear from the expression on his face that he has killed in cold blood in the past and that there is little required to provoke him into doing so again.

The cab driver jabbers anxiously, hastily trying to defuse the stand-off between black National Resistance Army soldiers and a bearded white civilian. In his panic he frantically shuffles bags about the trunk of the car, hoping to assure the soldiers that he at least is co-operative. The youngster rattles the bolt of his assault gun. I am struck by the sudden fear of being stitched by a burst of 7,62 mm bullets.

The senior infantry man (NRA militia seem not to wear badges of rank) holds his weapon across his chest looking deceptively relaxed, confident of the authority vested within the bullets in the magazine of his Kalashnikov.

Venter, unruffled at the prospect of being cut down by a hail of machine gun fire, lights a cigarette calmly and equally unconcernedly reaches over the gun barrels and offers the soldiers a smoke. He smiles and says: "Jambo, bwana," as he proffers the lighter.

"You want cigarettes? There are two packs in the car."

Smiles break out and we are let through. Five miles further down the teeming road, battered vehicles careeing in all directions to avoid crater-size potholes, we encounter another road block.

Road blocks become a feature of all travel through the country. But the intermittent pressence of combat-ready soldiers with full authority to shoot at their own discretion, continues to provoke a flutter of anxiety in me every time we are stopped.

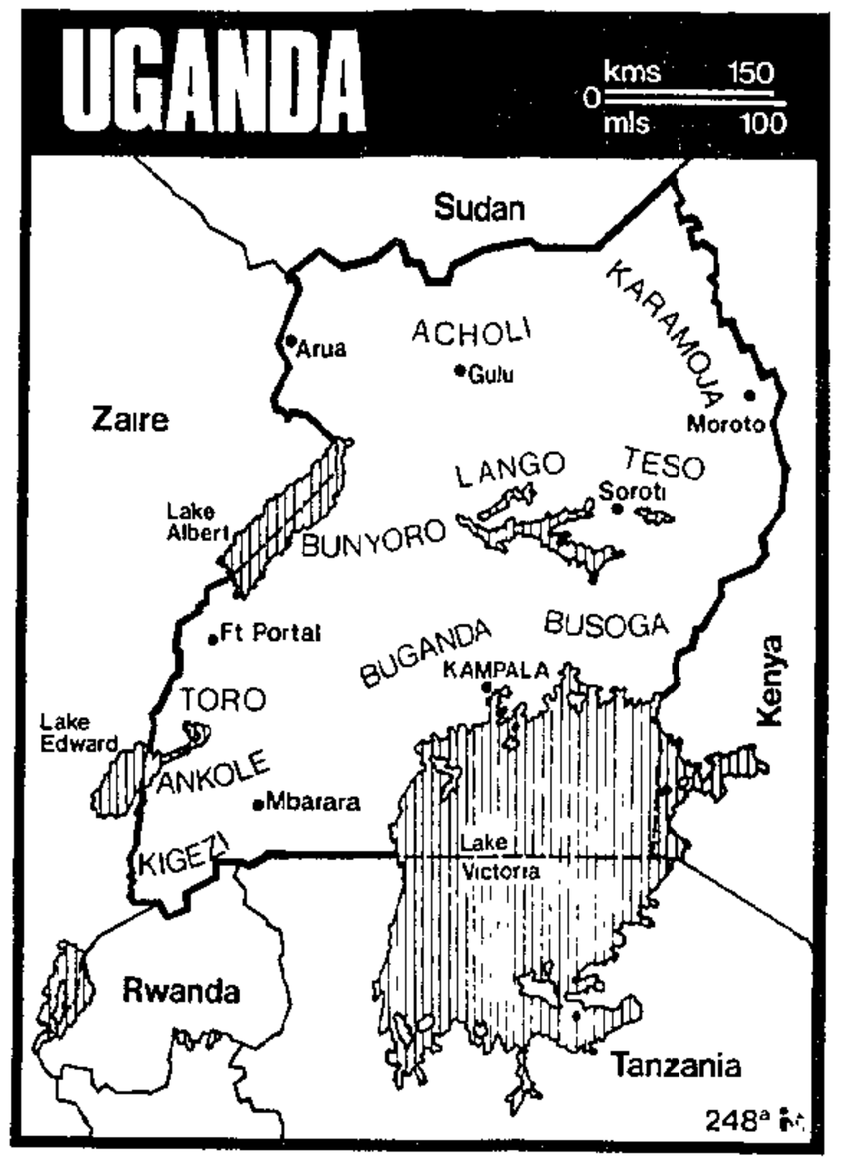
Joseph, the driver we have hired for the duration, soon learns the drill — that I am a doctor, come to bring educational and medical aid to the country. My African companion explains the reason for the blocks is aimed at apprehending gunrunners from Kenya, bringing arms to rebels fighting President Yoweri Museveni's National Resistance Army (NRA) in the northern provinces. Less than a year earlier Museveni toppled the brutal regime of Tito Ikello, rumoured to be worse than that of Idi Admi.

Although atrocities are still taking place under Museveni's NRA, the present regime is pursuing a laudable human rights policy.

Disappointingly, the NRA forces are not as consistently disciplined as one presumes Museveni would like to see. At least, from what one learns in conversation with the Ugandan intelligentsia who frequent the Athina Club House, the only habitable hotel in Kampala.

One recent victim was Xavier Moro, a brother of Justine Okoth, former secretary to Okello's Military Council. Moro was seized during an NRA operation and subjected to the notorious 'three-piece tying' for 24 hours. New African reports that he was then returned to his home, his arms by this time useless, and bayonetted to death; a gruesome example of the casual 'instant justice' which it was hoped had disappeared since the disbanding of Amin's and Obote's soldiers.

Social and economic disruption since the British granted independence in 1962 and two decades of violence are still evident, especially in the gutted and bullet-scarred buildings of downtown Kampala.



The only writing instrument I could purchase was a ball-point refill. The only choice of colour, green. Ball-point pens as we know them are no longer available in the city.

Communications throughout the country, especially in Kampala, are erratic and mostly absent. This was aptly brought to my notice by Professor Raphael Owor, dean of the Faculty of Medicine. While visiting him, I asked him if I could telephone Dr Edward Kigonya, the superintendent at Mulago. Owor chuckled and gestured to a pile of cracked and broken 1950 vintage telephones behind his desk: "We use passing students for messages."

Off the road south of Masaka and heading through atoke plantations and jungle just north of the hostile Tanzanian border we came across her sitting on a grass sleeping mat in front of her hut.

A woman of 26, 'slims', as Aids is referred to by Ugandans, had drained the flesh from her bones until her limbs were brittle-black sticks, her face a skin-covered skull and her breasts flaps of leathery skin.

The woman's husband appeared from the dark interior of the banana-leaf thatched hut, his sinewy muscles showing the first signs of the emaciating retrovirus.

After going through the sympathetic but utterly pointless motions of examining the woman and her husband, we were shown the one-year-old child they had buried 20 paces from their house three months previously — another Aids victim.

Although 50 per cent of Uganda's 15 million population is Christian, the majority adhere to the traditional polygamy of their indigenous culture. Men generally have two to three wives and little or no contraception is practised.

Dr Dawid Milton Thompson, a 70-year-old physician at Mission Hospital in Sald: "There is at least a 20 per cent incidence in the general population here (Uganda)." Like almost every third world country (South Africa is not an exception), Uganda is extremely sensitive about the Aids issue.

The Athina Club House (where I spent a week accommodated on a mattress on the first floor landing) was abuzz with the recent deportation of one of the two remaining privately practising white general practitioners. A Scot married to an Ugangdan woman, he had practised in Uganda for 25 years and was deported summarily in April 1987 after a remark he had made to an American visitor about the overcrowded situation in one of the hospitals. "Soon," he had said, "there will be four cots for every one child (in hospital) and no parking problems in the city."

The remaining white practitioner would not even discuss the general medical problems he encountered in his practice, despite my assurances that I would avoid the Aids issue completely.

Dr Richard Goodgame, physician and gastroenterologist at Mulago Hospital in Kampala, estimates that within ten years anything from 20 per cent of the Ugandan population will be afflicted and killed by Aids.

With acknowledgements to the South African magazine Medical News.

(98/2)

1986]

10/11/82 Eureka ST 12

Skin conditions can give early warning of Aids infection

CHICAGO — More than half a dozen skin conditions ranging from blisters to warts may warn of Aids infection months or even years before other symptoms appear, doctors report.

"Aids causes suppression of the immune system, and that suppression will allow for the florid appearance of common skin diseases — herpes, warts, fungal infections," said Dr Marcus Conant, of the University of California Medical Centre at San Francisco.

The skin problems can show up many months before the weight loss, fatigue and more severe infections typical of Aids, said Dr Conant, a dermatology professor who estimates he has treated 1 000 patients with the disease.

Dr Conant was commenting on a new study from Finland that found a variety of skin problems in unusually severe or persistent forms were early markers for Aids infection among 235 healthy homosexual and bisexual men tracked for three years.

Thirty-three of the men eventually developed antibodies to the Aids virus, indicating exposure, said the study, published in the November issue of the Journal of the American Academy of Dermatology.

The author of the study was Dr Sirkka-Liisa Valle of Aurora Hospital in Helsinki.

The study said all of the men with antibodies had one or more of skin problems.

Aids cripples the body's defences against disease.

GOVT 'SHOULD PAY FOR AIDS TESTS'

A CALL has been made for the Government to subsidise annual surveys of sexually active South Africans to check if they carry the Aids HIV antibody.

In order to contain the spread of Aids, individuals should also be allowed to have free and totally confidential tests.

By KIN BENTLEY

Dr Derek Dickson, medical director of the Border Blood Transfusion Service, said at about R16 per test, it was not possible for the services to carry the costs of such tests, neither was it their role.

At the moment, however, the State did not provide free tests, which meant that "high-risk" people like white homosexual males, were inclined to go to blood transfusion services onstensibly to donate blood, but in fact to have their blood tested for the HIV antibody.

"We don't want to attract the 'wrong' people to get the test."

He said such people were reluctant to have the test done privately and then claim from medical aid, because this identified them as homosexuals.

The best solution would be for the Government to "pay any private laboratory in South Africa R16 to do a test". Only the doctor and the laboratory would then be aware the individual had been tested for Aids.

He also supported the idea of the Government financing random surveys to monitor the incidence of the Aids HIV antibody.

Testing of blood donors started in September, 1985, he said. Since then out of 100 000 patients at the Border BTS, two — both women from Ciskei — had been found to carry the HIV anti-body.

This meant that in some way or other they must have been exposed to the Aids virus in order to develop the antibody and might go on to get Aids. He added that it had not yet been discovered why people developed the "antibody", because it was not an antidote to the virus.

The medical director of the Eastern Province Blood Transfusion Service, Dr A P Albert, supported the idea.

Annual samples which were "statistically significant, from all groups of the population who are sexually active" would provide an annual indicator. "It is the logical thing to do and wouldn't cost a lot."

"There should be a random survey of various sections of the population to establish a baseline."

He said, for example, that it would be easy to test 100 pregnant women a year at a place like Livingstone Hospital, which would not cost the state a lot.

At present, the only regular testing was done at blood transfusion centres.

In PE, he said, since September, 1985, three would-be donors — all white male homosexuals — had been discovered to be carriers. Since then, one had developed Aids, he said.

He stressed that there was absolutely no risk in donating blood.

Durban prostitutes found to carry Aids

DURBAN. — Two women prostitutes caught soliciting in the centre of the city have been found to be carriers of the deadly Aids virus.

The mayor of Durban, Mr Henry Klotz, is to call an urgent meeting of health officials and the police to discuss what should be done about combating the spread of Aids in the city.

"Durban must find some means of leading the rest of the country on this and try earnestly to find a solution to this problem," he said.

Mr Klotz said that this did not necessarily mean that prostitution should be legalized.

The two prostitutes were picked up recently by the police on a routine patrol and the district surgeon identified them as being Aids-antibody positive.

This meant they could have infected hundreds of men with Aids and the disease could be spread across Natal in the same way as African Aids.

Professor Denis Pudifin, Natal representative on the Aids Advisory Group, who confirmed that the two prostitutes had been tested positive, again warned how dangerous it was for people to be promiscuous or have sex with prostitutes.

The latest disclosure was another indication of the typical pattern African Aids was taking as it spread into South Africa. — Own Correspondent and Sapa

Bid to stop Aids-infected prostitutes from working

The Argus Correspondent

DURBAN. — A request to take urgent legal steps to stop prostitutes known to be carrying Aids from soliciting has been directed to the Minister of National Health, Dr Willie van Niekerk.

Natal's MEC in charge of Health, Mr Val Volker, suggested that a court interdict be served on prostitutes who are known to have Aids or who carry the Aids virus.

This follows the disclosure at the weekend that two Durban prostitutes were carriers of the Aids virus — and are presumably back on the streets.

"It borders on reckless to allow these people back on the streets. Urgent steps need to be taken to prevent this," said Mr Volker.

It was in the interests of everyone that strong measures be taken to stop infected prostitutes from soliciting.

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AIDS: 'no basis for firing'

MANDY JEAN WOODS

EMPLOYERS may not fire, change duties or compel medical testing of staff known or thought to have AIDS. But they may ask staff to submit to AIDS testing on a voluntary basis.

Unisa professor Sas Strauss, a specialist in medical law, made the remarks yesterday to more than 100 delegates to an Institute of Personnel Management (IPM) seminar on AIDS in the Workplace.

Strauss said the new law — gazetted 11 days ago — empowers only medical officers of health (MoH) and immigration officials to compel people to take AIDS tests.

He said it would appear that coercion — even physical force — may be used to get a suspected AIDS victim tested if he or she refused to submit to the request by an MoH or immigration officer.

"The government may also legally be able to order doctors or nurses to conduct an AIDS blood test againt their will and against the patient's will under circumstances embodied in the new legislation."

The problem for employers is that there is not much tried and tested law concerning AIDS, but there are some common law principles which apply to a certain extent, he said.

An employer can require staff to submit to an AIDS test before employement, because under the Industrial Council regulations an employer may require a full medical before employing someone.

"But this could not be done after employing someone unless there is a clause in the employee's contract entitling an employer to insist on a medical examination as a condition of continued employment."

'Escorts with Aids' problem baffles Govt

Pretoria Correspondent

There is little the Goverment can do legally to clamp down on escorts suffering from Aids, following a report of two Aids-inflicted escorts in Durban and claims that a woman working for a Pretoria escort agency has also got the disease.

In spite of comprehensive legislation published in the Government Gazette recently — which empowers immigration officers to declare non-South African citizens afflicted with Aids and certain other contagious diseases to be "prohibited persons" — Dr J P A Venter, Pretoria Medical Officer of Health, said it was "extremely difficult to control any illegal activity such as prostitution by legislation".

TAKE STEPS

Dr Venter said if any such cases became known to him, he could in terms of the legislation on Aids and other infectious diseases, take "certain steps such as placing the person under quarantine", but he said there was little the authorities could do legally.

Dr George Watermeyer, deputy director-general at the Department of National Health said the legal machinery to deal with cases of escorts with Aids did not lie only with his department.

"It is reprehensible that anybody carrying the Aids virus still indulges in sexual intercourse with clientele. Their lack of social responsibility defies description, but if we insist on quarantine for Aids sufferers it would be for the rest of their natural life and the implications are enormous" he said.

Dr Watermeyer said while prostitution, promiscuity and homosexuality were still accepted in our society, one could not stop the spread of Aids. He added that "no country in the world had an immediate solution to the long-term problem of Aids.".

Dr Venter said even if all escorts employed by agencies were obliged to have regular medical examinations, it would be impossible to continually ensure that escorts were not infected.

"Medical tests for Aids or venereal disease can prove negative today and 48 hours later the result can be positive.".

In terms of a decision taken by the Licensing Appeal Board in April this year, escort agents had to be tested by a district surgeon for Aids or venereal disease and keep a medical certificate on them at all times.

'Bosses must note impact of Aids on workers, production'

By Toni Younghusband
Medical Reporter

An estimated 70 percent of Equatorial Africa's population will be wiped out by Aids by the turn of the century a personnel management congress in Johannesburg was told yesterday.

And South African employers should therefore take cognisance of the impact this disease will have on their employees and productivity, said Dr Jack van Niftrik, a general practitioner and medical journalist.

Any company in Africa, including South Africa, which perceived itself to continue to be operational during the 1990s would be well advised to develop a corporate policy which included the onslaught presented by the Aids pandemic.

"To do otherwise would not only be socially irresponsible, but will result in a direct negative effect on company growth and employer-employee relationships."

Dr van Niftrik said as there were no vaccines or cures for Aids any policy devised by employers with regard to this disease should include one or all of the following:

- Education and a help-line for the sufferer and family.
- Access to information and prevention and access to medical/healthcare support.

"The private business sector is as responsible as the Government in the fight against Aids. It is no use adopting the attitude that there will be a cure for it in the future and we are not going to do anything about it now. There is no cure now and we must bear in mind that there may never be," he said.

It would be unfair labour practice to fire an employee who had Aids — there is no way in the normal work situation that Aids can be transferred to other employees, Professor S A S Strauss, a medico-legal expert, told the congress.

Professor Strauss said it was inconceivable that a finding of Aids would entitle an employer to fire an employee or to change his job description.

He said it would also be very dangerous for an employer to insist an employee undergo a medical examination if he suspected the employee had Aids.

"An employer is not to take any action unless a medical examination is stipulated in the employee's employment contract.

"If an employer insists on his employee undergoing a medical examination without this being stipulated in the contract he may act in breach of the Industrial Council Agreement."

He said most employers insisted on a medical examination as a condition of employment but this was conducted on a would-be employees before they were actually employed.

On October 30 new legislation was promulgated in the Government Gazette which provides for the repatriation of foreign workers with certain diseases, including Aids.

According to the newly promulgated legislation, if an immigration officer has reasonable grounds to suspect that a foreigner has Aids he is empowered to order that person to undergo a medical examination — the cost of which will be borne by the State.

Professor Strauss said the immigration officer would have to ensure he carefully monitored and examined the situation before ordering a medical examination.

Infecting another with Aids is murder, says law expert

By CARMEL RICKARD, Durban

AIDS sufferers or carriers could face murder charges if they infect a sexual contact with the fatal disease.

That is the opinion of Natal University professor of Clinial and Adjectival Law, David McQuoid Mason.

He believes such a person could face either civil or criminal action.

The *Weekly Mail* asked him to comment on the legal situation after Durban city health officials confirmed that two prostitutes, arrested and then released, were discovered to be Aids carriers.

The results of the Aids test became available only after they were released, and officials are now considering how best to respond to the problem highlighted by this incident.

McQuoid Mason says as far as civil action is concerned, where people are injured intentionally or negligently, they are liable to compensation for losses they might sustain. This would include medical expenses and loss of earnings if they become too ill to work. If the injury results in death, damages could be claimed by dependants for loss of support.

However, complications arise if there is consent to an injury: if you know that what you are doing could harm you and you still consent to run this risk.

"Generally speaking consent is a good defence in this kind of situation," McQuoid Mason says.

"In the case of someone having sex with a prostitute, it could probably be argued that he voluntarily assumed the risk of contracting Aids. If the prostitute were later charged she or he may be able to raise the defence of consent."

The snag is that the consent defence does not apply to dependants, who presumably had no part in the original "contract" and could therefore continue a damages action unaffected by any "consent" claim.

As far as criminal action is concerned, consent will not protect someone who deliberately or negligently passes on Aids, since the law does not approve of consent to harm oneself.

"If you intentionally cause an injury to someone you can be guilty of assault, and if death results, of murder. When there is a just reason, strong mitigating circumstances or negligence, there could be a verdict of culpable homicide instead.

"The key issue here is intention — the courts hold intention exists where you foresee a possiblity but are reckless about the consequences.

"So if you know you have Aids and foresee the possibility of your contact getting it, but do not care or bother to tell them, this could well be construed as legal intention and could result in a murder conviction.

"And in a case where an infected person deliberately had sexual contact with someone in order to pass on the disease, this would definitely be murder."

In a criminal case, a defence of consent would not work as the law does not believe anyone can consent to his or her own murder: since Aids is a fatal disease it would not help a prostitute to argue that the client knew and consented to run the risk.

Another issue raised by McQuoid Mason is that it could well be defamatory to say someone has Aids. In South Africa it is accepted in law as defamatory to say someone has a sexually transmitted disease.

No Aids-related case has yet come before the South African courts, but there have been several in the United States. McQuoid Mason said several prosecutions brought in that country failed because of the difficulty of proving causation.

This could be the ultimate problem: how do you show the disease was contracted from the particular person who is charged, particularly where there had been many sexual partners?

Unfair labour practice if bosses fire Aids victims — Prof Strauss

The Argus Correspondent

JOHANNESBURG. — It would be unfair labour practice to fire an employee who had Aids. There was no way in the normal work situation that Aids could be transferred to other employees, Professor S A S Strauss, a medico-legal expert, told a personnel management congress.

Professor Strauss said it was inconceivable that a finding of Aids would entitle an employer to fire an employee or to change his job description.

"In the normal work situation blood transfusions are not performed nor is sex common practice."

He said it would also be very dangerous for an employer to insist on an employee undergoing a medical examination if he suspected the employee had Aids.

"An employer is not to take any action unless a medical examination is stipulated in the employee's employment contract.

"If an employer insists on his employee undergoing a medical examination without this being stipulated in the employment contract, he may act in breach of the Industrial Council Agreement.

"And the employee's union could come down on him like a ton of bricks," said Professor Strauss.

He said most employers insisted on a medical examination as a condition of employment, but this was conducted on would-be employees before they were actually employed.

As far as foreign workers were concerned, Professor Strauss said an employer could approach an immigration officer and request that his foreign employees be tested.

According to newly-promulgated legislation, if an immigration officer has reasonable grounds to suspect that a foreigner has Aids he is empowered to order that person to undergo a medical examination — the cost of which will be borne by the State.

Professor Strauss said an immigration officer would have to ensure he carefully monitored and examined the situation before ordering a medical examination.

Aids-vaccine hopes fade

GENEVA — The Aids virus has proved tougher and more complex than thought, and finding a vaccine could take longer than the five to seven years estimated a year ago, World Health Organisation (WHO) Aids expert Mr Jonathan Mann said yesterday.

"It looks as if the virus is even more complex than we thought a year ago," he said after a two-day Aids conference at the WHO.

"Animal models suggest that vaccine strategies currently under study will not work," Mr Mann said.

The WHO suggested last year that research and the quick start to tests on animals held out the chance of a protective vaccine being found within five to seven years.

But Mr Mann said a recent meeting of top Aids researchers in Paris showed a far more sombre mood and discussions reflected the difficulties and complexities surrounding the Aids virus. — Reuter.

Aids drug for city man

Cart Times 14/11/87 92

By CHRIS ERASMUS

A CAPE TOWN man in his mid-30s is to become the first South African to be treated with the experimental Aids drug AZT.

The man, who will receive the treatment in a Cape Town hospital, was confirmed to be a carrier of the Aids-causing HIV virus more than a year ago but was only diagnosed to be suffering from full-blown Aids late last month.

Dr Frank Spracklen, a local representative of the National Aids Advisory Group, said the go-ahead for the treatment was given by the Cape Provincial Administration's Department of Hospital Services on the recommendation of the medical superintendent of the hospital where the man will be treated.

Supplies of the drug were flown out from the United Kingdom within 48 hours and treatment will start within a few days, he said.

The patient to be treated with AZT is believed to be one of a growing number of Aids victims in whom the virus attacks brain cells without necessarily causing a collapse of the immune system.

So far 13 cases of full-blown Aids cases have been diagnosed in Cape Town with nine deaths. Three out of the four living patients have brain damage.

caused admitted firing the shots in self-defence.

Magistrate PH Bredenkamp postponed the case to December 8.

wedding ceremony of one of their members on Sunday.

The reception will take place at the corner of End and Noord streets in Johannesburg.

The occasion, which starts at 11am, will be attended by all members of the choir.

10 Aids cases found on African island

TEN people have been found with positive signs of the killer disease Aids, some of whom have since died, said the Health Minister in the Indian Ocean island of Zanzibar, Maulid Makame.

Makame said the Zanzibar government was taking all measures to curb the spread of the disease, which include sterilisation of syringes, needles and surgical equipment, and assured the public that there was no need to panic.

He made the assurance amid growing speculation in Zanzibar that many people were purchasing syringes and needles at a private medical firm so that they can use them when injections were prescribed, as they feared that these items at hospitals might not be sterilised.

This worry comes in the wake of speculation on the island that Aids is widespread, despite the Ministry saying that only 10 people were Aids positive.

Appealing to people not to worry if they had to have injections, the Minister said primary health care was the only key towards preventing all communicable diseases. He added that, from now on, health education would be taught throughout the island.

The first cases of Aids were reported in the mainland Tanzanian northern region of Kagera in 1985.

Although there is no official figure of aids victims, it is believed that the disease is spreading very fast in the country.

British micro-biologist Dr David Coates said in Harare earlier this year that medical equipment meant for a single application could be re-used provided it was sterilised and tested before use.

He said if proper sterilisation procedures were applied in re-using syringes, needles and other disposable items, there was little fear of spreading Aids.

The World Health Organisation said in July this year that there were an estimated 50 000 cases of Aids in Africa, with millions more carrying the killer virus.

According to the WHO, 35 African countries have reported cases of Aids so far. However, it is believed that 50 percent of Africa's 400-million people may be affected by the disease within the next decade.

19/11/87 (92) Cl Press



Rescue workers in protective clothing cordon off and disinfect the area where Mr Robert Siff, thought to be an Aids sufferer, fell to his death earlier this year. It emerged later that Mr Siff did not have Aids.

Gloves are on in the fight against Aids

By Carrie Curzon

An ambulanceman no longer approaches a suffering patient with that benevolent beam of the Good Samaritan.

Now, himself a victim of Aids phobia, he works in protective clothing, mask and gloves, looking more suitably clad for a space mission.

"We hope the public will come to accept this as normal safety procedure, and not take it too sensitively", says deputy chief of Sandton Emergency Services, Mr Pine Pienaar.

"In the last couple of months the guidelines laid down by the Department of Hospital Services have become much stricter on how we should protect ourselves."

The Argus newspaper was recently taken to the SA Media Council following a report on a suicide in Sea Point.

The fact that wealthy Cape Town bachelor, Mr Robert Siff, who fell to his death from a seventh floor flat, was reported as being a possible Aids victim came under fierce reproach.

The Argus was accused of untruthful reporting and oversensationalising.

It turned out that Mr Siff was not an Aids sufferer, but the police told the reporter he was suspected to be one.

And present at the scene were Metro rescue workers in protective clothing who cordoned off the area and decontaminated it with disinfectant.

Because this tragedy occurred in a public place, *the Argus* took the line that the public should be warned and the duty rested with the media to give that warning.

Later, when an Aids test on Mr Siff proved negative, the news was promptly published.

The Argus was vindicated fully by the Media Council, and the case in point was a good example of the authorities taking great caution in protecting the public by treating the case as one in which the victim might have had Aids.

Says Mr Pienaar: "There are detailed guidelines for our staff regarding headgear, hand protection and what to do when you approach a patient. This applies to a patient suffering from any infectious disease.

"Obviously our ambulancemen are in danger because, in dealing with any patient suffering from an infectious disease, there is always a fair amount of risk involved. But in theory protective equipment should reduce this risk.

"There is definitely a change of attitude among people working in the public services. But the public should know that we must take precautions and that they can help us by warning us if a patient is an Aids carrier. It will not make any difference to the treatment he will get.

"We cannot refuse to treat or transport any patient.

"Our problem is of course not knowing if a patient suffers from such a disease. And our staff have been warned that if they are likely to come into contact with any of the body fluids they should be suitably protected.

"The risk facing them is the same that faces every doctor, dentist or member of hospital staff."

Mr Pienaar adds that ambulancemen on duty have proper equipment for administering the kiss of life.

After a patient — and possible Aids sufferer — has been dealt with, further precautions are taken, he adds.

The area is sealed off and washed down with disinfectant, and the ambulance used is locked up for 24 hours before being disinfected.

British doctor dies of Aids

The Star Bureau

LONDON — The first British doctor named as an Aids victim has been identified as kidney specialist Dr Frank Goodwin.

The death of the father of three has personalised the controversy over whether medical staff carrying the virus should continue to treat patients.

But the Department of Health has insisted that Dr Goodwin (49) did not infect any of his patients at the London Hospital in Whitechapel.

And a spokesman said that unless there was a risk of blood-to-blood contact there was no reason why a doctor should not carry on working, provided there was regular skilled supervision.

Patients do not have the right to be told when their doctor has the virus if there is felt to be no risk to those being treated, the spokesman added.

Nevertheless, the Goodwin case is certain to increase pressure on Secretary of State for Social Services John Moore to take more stringent action against infected doctors.

It was revealed at the weekend that Dr Goodwin died six weeks ago with pneumonia associated with Aids.

He had sought advice about his condition and had stopped working at the renal unit where there was a small risk of transmitting the virus through blood-to-blood contact.

92 Star

Education best solution to Aids

14/11/87

Medical Reporter

Britain's recent Aids "shock" campaign aimed at frightening people into Aids awareness created a tremendous amount of fear among the population but had no effect on changing their sexual behavioural patterns, Professor Jack Metz, director of the South African Institute for Medical Research said yesterday.

Asked whether the Aids Advisory Group in South Africa would consider adopting shock tactics to make people more aware of the dangers of the virus, Professor Metz said it had been proved that education and not sensationalism was best.

"Clinics in the UK were inundated with people who did not even fall in the high risk group. The shock campaign created an almost crisis situation in the clinics," Professor Metz said.

Doctors claim Aids will boost need for legalised euthanasia

The Star Bureau

LONDON — The need for legalised euthanasia will increase with the spread of Aids, say a group of British doctors.

Some sufferers of the disease are likely to consider euthanasia because they may not want to face some of the terminal symptoms, they add in a letter in *The British Medical Journal*.

The doctors have formed a medical group within the Voluntary Euthanasia Society and are inviting other doctors to support their campaign for the practice to be legalised.

The letter, signed by 19 doctors, says that since the Voluntary Euthanasia Society was formed in 1935, the need for euthanasia "has not diminished".

"If anything," it adds, "it has increased because more people now survive to suffer the sort of physical and psychological distress which cannot be adequately relieved even by the best medical and hospice care.

"Aids has added a new and rapidly growing group of often well-informed patients who may not want to risk the dementia which so often supervenes."

The move to form a medical group within the Voluntary Euthanasia Society coincided with a visit to Holland by members of a BMA working party set up to review existing guidelines on euthanasia.

Voluntary euthanasia is effectively legal in Holland and is chosen by up to 5 000 terminally-ill patients there each year, accoording to Dr Pieter Admiraal of the Reiner de Graaf general hospital, Delft.

EVENING POST, WEDNESDAY, NOVEMBER 18, 1987

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AIDS CASES DOUBLING EVERY NINE MONTHS

BRUSSELS — The number of known Aids cases in the 12-nation European Economic Community is approaching 8 000 and is doubling every nine months, the EEC executive committee said yesterday.

In disclosing the figures, the European Commission also announced a five-year, R156 million EEC medical research programme, with R34 million earmarked for the study of the deadly acquired immune deficiency syndrome.

"Every effort must be made to curb this trend," the commission said in a news release. According to the statement, there are 7 762 known AIDS cases in the EEC nations — Britain, France, West Germany, Italy, Luxembourg, Belgium, the Netherlands, Denmark, Greece, Ireland, Portugal and Spain.

The commission did not provide a breakdown of Aids cases by nation.

The World Health Organization said last month that as of October 20, 1987, there were 62 438 known Aids cases in 126 countries, an increase of more than 1 700 since the last report on September 30.

"Unfortunately, solutions to the problem appear to be becoming more difficult as time passes, even though considerable progress is being made in our scientific knowledge of the disease," said the EEC commission.

Among other things, it said the medical research program will include testing of new Aids vaccines and antiviral drugs on chimpanzees.

The entire medical research programme would involve 3 000 national teams in 70 research activities, the commission said. Of the R156 million dollars, about R43,2 6 million would go towards cancer research, R23 million for medical technology, R22 million for age-related health problems, R16,8 million for health services, and R13,2 million for health problems related to the environment and lifestyles.

Aids is caused by a virus that damages the body's immune system, leaving victims susceptible to infections and cancer. It is spread most often through sexual contact, needles or syringes shared by drug abusers, infected blood or blood products, and from pregnant women to their offspring. There is no known cure.

In West Germany yesterday, members of the two main opposition parties denounced the conviction of a former US soldier afflicted with Aids who was accused of trying to cause bodily harm to his sex partners.

The former soldier was sentenced to two years in prison by a Nuremberg court on Monday "for attempting to cause bodily harm" by having sex without a condom, although he allegedly was aware of his condition.

Seven prominent Social Democrats, in a joint statement released in Bonn, said the decision was a "severe setback for the struggle against the Aids disease". They said all people, not just Aids victims, were responsible for their safety if they engage in unprotected sex and the decision ignored this. — Sapa-AP

19/11/87

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Doctor calls for building of Aids colonies

The Star Bureau

LONDON — Millions of people in Britain could die of Aids by the end of the century, and the government should consider setting up Aids colonies to separate the sick from the healthy, a prominent Christian doctor said yesterday.

The call by Dr Caroline Collier, Aids lecturer and resource officer for the Christian Medical Fellowship, is likely to create a major controversy.

The religious organisation of 4 300 doctors is synonymous with compassion and care, but yesterday it became linked with a proposal which was denounced as smacking of concentration camps and totalitarian states.

FOUR NEW BOOKS

Dr Collier insisted that segregating Aids sufferers could help contain the epidemic.

She was at a press conference to promote four new books about Aids, all written by doctors.

Launching her book, "The 20th Century Plague", Dr Collier admitted that her proposal would mean a restriction of liberty unheard of in modern times.

Dr Patrick Dixon, author of the book "The Truth About Aids", said: he was utterly opposed to any kind of segregation.

"For me, it is a recipe for concentration camps, and a totalitarian state."

The proposal is also expected to spark off a fresh wave of concern at the Health Department, where there is fear that persecution could drive infected people underground.

Ninth Aids death in city

By KAREN STANDER
Medical Reporter

A CAPE TOWN businessman has died of Aids, the ninth person to die of the disease in the city.

The man, who was in his early 40s, died of complications and "overwhelming infection" in a Cape Town hospital last Friday.

His death was confirmed by Dr Frank Spracklen, a member of the national Aids advisory group.

Dr Spracklen said this was the ninth Aids-related death in Cape Town.

A further four people in Cape Town have been diagnosed as being victims of Aids.

He said there had been 86 cases of full-blown Aids nationally and 60 of the victims had died.

He said there had been fewer new cases nationwide than expected this year.

Last year there were 21 new cases among South Africans and this year more than 40 were expected. But only 23 had been reported.

FOUR NEW CASES

Four new cases had been diagnosed in Cape Town in the past two months, the only new cases this year.

Dr Spracklen said it had to be assumed that the pool of carriers was increasing but there was evidence that the practice of safer sex was increasing among the homosexual population.

What was of concern was the lack of education among heterosexuals and evidence that more women were becoming infected because of this, he said.

"Any person indulging in sexual relations with unknown partners or with many partners is playing with fire. No sex outside stable relationships is safe at all."

Dr Spracklen said that legislation did not help when one was dealing with sexual habits. Education and persuasion were the only weapons.

Of the 86 confirmed cases in South Africa, 66 had been South Africans. The others were from outside the borders, mainly Zambia and Malawi.

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Sunday Times 22/4/87

AIDS drug in SA, but price is high

By CAS St LEGER and PATRICIA CHEYNEY

THE CONTROVERSIAL anti-AIDS drug AZT is now being administered to some South African AIDS sufferers — at a price.

The drug, now re-named Zidovudine, was approved for use in this country a few months ago. It is understood that it has not been scheduled and is available only for special use.

An unspecified quantity was purchased on tender by the Department of Health from an English drugs company.

Informed sources told the Sunday Times in confidence that Zidovudine was being allocated to "selected patients" by the AIDS Advisory Group.

Dosage

The wholesale price of the drug in Britain is R366 per bottle of 100 capsules. Each capsule contains 100mg — and an AIDS patient of average weight is required to take two capsules every four hours, around the clock.

The cost — wholesale — would be R1 317,60 a month. Or — as it is a long term drug — an incredible R16 030,80 a year.

In the United States, its cost could mean only rich patients benefit. It would cost up to R20 000 a year — much more on the black market — just to keep under control the virus that destroys the body's immune system.

Dilemma

And given AZT's still-experimental nature, not many US medical-aid companies are willing to pay for it.

The sudden availability of AZT presented doctors in the United States with an ethical dilemma.

So far it has only been proved effective for patients suffering from pneumocystis carinii pneumonia (PCP), which strikes about 60 percent of AIDS victims.

United States tests in 1985 were cut short when the drug proved so effective on the experimental group, researchers felt obliged to give the drug to the control group, which had been taking harmless placebos.

Herring

In the group of 137 receiving the placebo, 19 AIDS sufferers died. In the group receiving AZT, only one person out of 144 died. All were then given the drug.

What makes it the most expensive pharmaceutical on the market? It is produced from thymidine, which is extracted from herring sperm.

Still, according to Miss Kathy Bartlett of Burroughs Wellcome's United States headquarters which developed the drug, 15 000 AIDS victims worldwide are now using it.

The development of AZT was responsible for a quadrupling of the company's share price on the London Stock Exchange since Welcome went public in February 1986.

Cape Times 23/11/87

New drug to fight Aids

92

PARIS. — A team of doctors from Zaire and Egypt on Saturday announced a new treatment for Aids which they said had a "certain effectiveness".

Doctors told a news conference in Kinshasha, Zaire, that during a 6½-month study of Aids, seven of 19 Aids victims treated with the drug died, while all 20 Aids victims in an untreated control group died.

Professors Lurhuma Zirimwabago of Zaire and Ahmed Shafik of Cairo predicted the medication would prove cheaper than other treatments. The doctors call the medication MMI.

There was no indication when the drug, which is administered by injection, might be available commercially or how much it might cost.

"We have not said that we have conquered Aids. But we note that our medication has a certain effectiveness," Prof Lurhuma said.

Prostitute with Aids didn't know

Cape Times 23/11/87

92

DURBAN. — The first white prostitute in South Africa positively known to be an Aids carrier has been identified in Durban — and she was out soliciting at the weekend oblivious that her Aids test was positive.

Durban's Medical Officer of Health, Dr Muriel Richter, yesterday said she was "appalled" that newspapers had published the fact that she had Aids before the woman had fetched the results of her test from an Addington Hospital doctor.

"The various bodies concerned with Aids have not been working in concert on this — I am horrified at the thought of the mental agony this woman has been subjected to," said Dr Richter.

The woman, a local Point prostitute, is in her late 30s. She apparently has a large Durban clientele.

She reported to a local doctor for an Aids test last week. On Saturday the results came back positive.

This was confirmed by the head of the Natal Aids Advisory Group, Professor Denis Pudifin.

The shock disclosure brought the known number of infected prostitutes in Durban to three — the highest in the country.

A meeting would be held with representatives of National Health, the University of Natal Medical School, the Natal Aids Advisory Groups and other bodies early this week to lay down guidelines for dealing with the "sensitive, delicate issue", Dr Richter said.

It was reported that the woman, believed to be in her early 30s, had operated in the Point area for years and that as many as 500 men — some of them Durban and Johannesburg businessmen — faced the threat of Aids. They were urged to undergo tests as soon as possible.

Prof Pudifin last night said he was unaware whether the woman had consulted her doctor — she was due to collect the result this week.

"It's a great pity she wasn't spoken to before the newspapers got hold of the story — the timing is bad," he said.

Two black women prostitutes were recently identified in Durban as being Aids anti-body positive by the district surgeon.

But it is believed this may just be the tip of the iceberg. — Own Correspondent and Sapa

MEDICAL

ARGUS
25/11/87

Call for Aids 'colonies'

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The Argus Correspondent

LONDON. — Two million people in Britain could die of Aids by the end of the century, and the government should consider setting up Aids colonies to separate the sick from the healthy, a prominent Christian doctor said.

The call by Dr Caroline Collier, Aids lecturer and resource officer for the Christian Medical Fellowship, is set to create a major controversy within the profession and the church.



As a highly respected religious organisation made up of 4 300 doctors, the fellowship is synonymous with compassion and care, and the highest professional standards.

But at the Royal Society of Medicine, it became linked with a proposal which was denounced as smacking of "concentration camps and totalitarian states".

But Dr Coller insisted that segregating Aids sufferers in specially designated towns and cities could help to contain the spread of the epidemic in Britain.

She was at a Press conference to promote four new books about Aids, all written by doctors and all advocating the restoration of "traditional, Christian sexual values".

Launching her book, *The 20th Century Plague*, Dr Collier admitted that segregation of sufferers would mean "a restriction of liberty unheard of in modern times". But she claimed that the issue was one meriting serious consideration from the government.

But Dr Patrick Dixon, author of the book, *The Truth About Aids*, said: "I am utterly opposed to any kind of segregation. I am horrified that people are raising this as a possibility.

"For me, it is a recipe for concentration camps, for a totalitarian state and the removal of human rights."

Dr Dixon also said he did not think the disease would spread as alarmingly as Dr Collier had suggested.

The proposal from Dr Collier is also expected to spark off a fresh wave of concern at the Health Department, where there is the fear that people worried that they may have been infected will go underground if they feel they are being persecuted, or could be segregated if they try to seek help.

Pity Aids victims, says C of E synod

The Argus Foreign Service

LONDON. — The synod of the Church of England has urged all members of the church to respond with compassion and understanding to people with Aids.

The synod, meeting at Church House, Westminster, also accepted a report prepared by its board of social responsibilty outlining ways in which the church can help people with the disease.

An attempt to amend the motion was rejected because, it was said, it would pre-empt a debate due on homosexuality.

The report said a profound revolution in sexual behaviour was the best way to halt the disease.

In the debate the Archbishop of Canterbury, Dr Robert Runcie, said he believed the church had to give unqualified care to Aids victims.



Dr Robert Runcie

Fidelity would prevent the disease spreading, he said, and he reminded members that the church taught that marriage was the only setting in which human sexuality could be responsibly and fully enjoyed.

"Our business is not to frighten people into good behaviour, but to enable them to see human beings as children of God whose bodies are sacred — not disposable sex aids. Happiness lies in the sharing of a whole life, not in mere encounters in bed."

Introducing the debate, the Bishop of Gloucester, the Rt Rev John Yates, said Aids crossed all frontiers and spared nobody. He accepted that most of those with the Aids virus practised lifestyles most people would reject, but he could not agree that the disease was the judgment of God.

That would mean that God had suddenly noticed what was going on and decided on instant retribution.

He believed the whole of life was under God's judgment. Judgment also ought to go hand in hand with compassion and forgiveness.

Only one speaker said homosexual practices were wrong. Others are thought to be waiting for a later debate, when a motion seeks to get synod support for that opinion.

Life assurance: AIDS proposal expected soon

25/11/87 Bldeny

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HELENA PATTEN

THE AIDS Committee of the Life Offices' Association (LOA) is expected to put forward a proposal by February on how life companies should react to the disease.

LOA PRO Jurie Wessels said yesterday all life assurance companies would want to follow the same practices to avoid the potentially crippling ante-selection problems experienced in the US.

The AIDS committee was currently looking at specific proposals to put to the management committee, whose next meeting was in February.

Ante-selection had to be prevented at the underwriting stage, implying compulsory testing of policy proposers. But this would represent a substantial cost to the industry. The likely approach would therefore be compulsory tests only for policies worth more than a certain sum.

The respected British Institute of Actuaries recently recommended that life assurers implement routine blood tests for AIDS for all potential sums assured of more than £50 000.

Many US companies have already instituted similar measures.

Wessels said the life industry had two basic concerns: the protection of existing policyholders' bonuses and premium levels; and the industry's belief that it should act to improve the situation socially.

Cape Times 28/10/87

Tests give new hope to Aids victims

92

Own Correspondent

LONDON. — Secret medical trials on a handful of patients show that electrostimulation, a new treatment, may prolong the lives of Aids sufferers, a British research group claims.

"This is not a cure. However, it has prolonged life and if it manages to do that for any reasonable length of time then it deserves serious study," said Mr Ian Ward-Baskin, technical director of the International Society of Biophysical Medicine where the treatment was first developed to treat drug addicts.

The treatment, which he believes boosts the body's immune system, involves using electrodes to transmit tiny electrical impulses to the skin.

The Liverpool-based research group discovered earlier this year that the treatment could be applied to Aids sufferers.

(92) Sam 26/11/87

Big breakthrough in Aids research

PARIS — French scientists say they have taken a first step towards producing a vaccine against Aids.

They have discovered a tiny protein they say can stave off development of the killer disease.

Dr Bruno Guy of Transgene, a genetic engineering company which has been looking for an Aids vaccine for two years, said this week that the discovery was an important advance towards knowing how to halt the disease.

He stressed that Transgene, whose research was published in this week's issue of the scientific magazine, *Nature*, was still far from producing a vaccine to cure Aids.

Aids (Acquired Immune Deficiency Syndrome) is triggered off by the HIV virus which enters the body through white blood cells.

As the disease develops, the body's immune system gradually breaks down and victims lose resistance to disease.

In many cases, people infected with the virus do not contract the disease for years, a fact experts have until now been unable to explain.

DrGuy said research carried out by the Transgene team discovered a protein inside the virus which acted as a brake on the disease's development.

The Strasbourg-based team, commissioned by leading Aids specialists at the Paris Pasteur Institute — where the disease was first identified — have isolated what they call an F-gene inside the HIV virus.

Laboratory tests show that the F-gene, one of several tiny specks of protein contained in the virus, acts as a mask and "hides" infected blood cells from the body's immune system.

While the F-gene masks diseased cells, the immune system is protected and the disease does not develop.

DrGuy said laboratory research carried out so far still needed to be followed up with medical tests, but he thought it probable that the F-gene would be one element of a future vaccine.

The World Health Organisation lists 64 488 registered cases of Aids in 127 countries in November 1987. It estimates that between 100 000 and 150 000 people have actually contracted the disease. — Sapa-Reuter.

Naseegh Jaffer released

Cape Times 28/11/87

By RENEE MOODIE

CAPE TOWN activist Mr Naseegh Jaffer was released from detention yesterday after almost a year behind bars.

Mr Jaffer, who was detained on December 11 last year, was last night reunited with his family in their Bo-Kaap home.

He said detention had not changed his commitment to his work in the civic associations. "I will continue to fight whatever evils the apartheid system brings about."

Mr Jaffer, 29, was organizer of the UDF's interim executive during the 1985 state of emergency and spent several months in hiding before being detained. He is known for his work in civic associations, particularly the "civic" in the Bo-Kaap.

Although obviously delighted to be home, he said last night that he felt "on edge" after his release and that he was concerned about "those still inside".

Picture: PATRICK COLLINGS



HOME AGAIN ... Mr Naseegh Jaffer with his sister Wadeedah after his release from detention yesterday.

Picture: RICHARD BELL

Aids claims 10th city victim

92

Cape Times 28/11/87

AIDS has claimed its 10th victim in Cape Town with the death this week of a 47-year-old man in a city hospital.

A spokesman for the Hospital and Health Services branch of the Provincial Administration confirmed yesterday the death in Somerset Hospital on Wednesday of the man who had been suffering from dementia, caused by an Aids infection of his brain.

The spokesman said the man had not been receiving treatment with the experimental anti-Aids drug AZT.

A friend of the dead man said the victim had been in hospital for about eight months before succumbing to his illness.

Tough steps to control disease

Weekend Argus Correspondent

JOHANNESBURG. — Tough new steps to control the spread of Aids and other contagious diseases, including the right to expel non-South African citizens, detain carriers, close schools and enforce compulsory medical examinations, came into effect yesterday.

According to regulations published in the Government Gazette by the departments of Home Affairs and National Health, immigration officers can declare "aliens" — non-South African citizens — afflicted with Aids viruses and certain other contagious diseases "prohibited persons".

In terms of amended regulations to the Admission of Persons to the Republic Regulation Act (Act 59 of 1972), aliens with Aids viruses, cholera, yellow fever and pestilence are "prohibited persons".

However, a Home Affairs spokesman stressed that they could be "removed from the country" only after unsuccessful appeals to the Immigrants Appeal Board.

Tough amendments to Health Act regulations on 20 communicable diseases were also published.

These cover aspects such as the prevention of communicable diseases, compulsory medical examinations and immunisation, measures relating to educational institutions, quarantine and transporting bodies of victims who died of communicable diseases.

Among the listed communicable diseases are: Aids, epidemic typhus, leprosy, plague, scabies, tuberculosis of the lungs, typhoid fever and hepatitis A.