ABSTRACTS AND REPORTS

WHO PROGRAM ON AIDS

The WHO program on the acquired immunodeficiency syndrome (AIDS) was presented to and discussed by the Seventy-Seventh Session of the WHO Executive Board on 17 January 1986. The Board acknowledged that AIDS and other manifestations of LAV/HTLV-III infection were becoming a major public health concern in many areas of the world and recognized that international alertness and preparedness were urgently required. The Board also considered that public information and education, as well as the assurance and use of safe blood and blood products, were at present the only measures available to limit the further spread of AIDS. In view of these facts, the Board adopted a resolution (EB77.R12) urging WHO Member States:

(1) to maintain vigilance and carry out public health strategies for the prevention and control of AIDS as necessary;

(2) to share information, in all openness, with the Organization and other Member States on AIDS incidence, the seroprevalence of LAV/HTLV-III, laboratory methods, clinical experience, and approaches to prevention and control of LAV/HTLV-III infection;

(3) to call upon the Organization as necessary for support in the prevention and control of AIDS and other LAV/HTLV-III infections.

The resolution of the Executive Board also included the following requests for action by WHO:

(1) to further develop activities within the WHO program on AIDS:

(a) to ensure the exchange of information on LAV/HTLV-III, its epidemiology, laboratory and clinical aspects, and activities directed at its prevention and control;

(b) to prepare and distribute guidelines, manuals, and educational materials;

(c) to assess commercially available LAV/HTLV-III antibody test kits, develop a simple, inexpensive test for field application, and establish WHO reference reagents;

(d) to cooperate with Member States in the development of national programs for the containment of LAV/HTLV-III infection;

(e) to advise Member States on the provision of safe blood and blood products;

(f) to promote research on the development of therapeutic agents and vaccines, simian retroviruses, and epidemiologic and behavioral aspects of LAV/HTLV-III infection;

(g) to coordinate collaborative clinical trials of antiviral and other drugs that have been demonstrated in human early-phase trials to show efficacy in the treatment of AIDS and/or the AIDS-related complex;

(2) to seek additional funds from extrabudgetary sources for the support of national and collective programs of surveillance and epidemiology, laboratory services, clinical activities, and prevention and control measures.

Source: World Health Organization, *Weekly Epidemiological Record* 61(5):35, 1986.

THE CHEMOTHERAPY OF SCHISTOSOMIASIS CONTROL

Schistosomiasis is a complex disease transmitted to man by infection with the freshwater parasites *Schistosoma japonicum*, *S. haematobium*, *S. intercalatum*, *S. mansoni*, and *S. mekongi*. Today approximately 200 million people are infected and 500–600 million are exposed to the threat of infection. Schistosomiasis is widely distributed geographically, ranging across China, the Philippines, Indonesia, the Arabian peninsula, various countries of North Africa, the whole of sub-Saharan Africa, several South American countries, and certain Caribbean islands. Furthermore, with the increase in the number of agricultural, hydroelectric, and other water resource projects in endemic countries, transmission of the disease is increasing.

The primary objective of chemotherapy in schistosomiasis control is to reduce human morbidity from the disease to levels that do not present a threat to public health. In general, this goal is achieved when all remaining infections caused by *S. haematobium* are below 50 eggs per 10 ml in a random sample of urine, or when all remaining infections from *S. mansoni* are below 100 eggs per gram of feces.

After 70 years' experience with chemotherapeutic agents for the control of schistosomiasis, some of which were toxic, the recent development of safe and effective oral drugs makes possible a strategy aimed at the direct and rapid control of the disease. Currently the following three drugs are available for this purpose: