

Table 5. Summary of annual consultations for acute respiratory infections, Bolivia 1970-77.

Year	Total consultations	Causes			Total	Percentage
		Upper acute respiratory infections	Influenza	Viral, bacterial and non-specified pneumonia		
1970	400,523	22,592	21,474	6,600	50,726	12.7
1971	461,300	23,191	20,938	4,848	48,977	10.6
1972	554,508	24,248	24,809	6,949	56,006	10.1
1973	598,067	32,837	22,340	7,911	63,088	10.5
1974	626,790	36,055	29,877	8,441	74,373	11.9
1975	638,927	39,588	30,972	9,007	79,567	12.4
1976	699,620	43,468	60,515	9,610	113,593	16.2
1977	732,750	47,766	38,911	10,263	96,940	13.2

Source: Boletín Epidemiológico, No. 53, November 1979, Ministry of Social Welfare and Public Health.

already have standards for diagnosis and treatment although a program with quantified targets has not yet been established.

The scientific progress expected in the next decade in the field of antibacterial and anti-viral vaccines, as well as the existing interest in developing appropriate technologies for bringing therapeutic resources to primary care services, promises a rapid technological breakthrough in this field. However, only already organized programs can make use of these resources, which makes it urgently necessary for the health team to pay attention to the problem of acute respiratory infections.

The immediate target for the years ahead is to establish national control programs integrated into primary health care. PAHO will actively participate in coordinating the efforts of the countries and in disseminating the advances made so as to achieve a regional program with a major epidemiological impact on mortality in infants.

(Source: Program for the Control of Acute Respiratory Infections, Communicable Disease Unit, PAHO.)

Schistosomiasis in Cuba

The transmission of schistosomiasis has never been observed in Cuba; nor have autochthonous cases been diagnosed. Accordingly, all the reported cases have been imported.

In 1976-1979 a total of 40,604 travelers from abroad (24,935 Cubans and 15,669 foreigners) were investigated through the international health control mechanisms. A total of 1,886 cases of schistosomiasis imported from Africa and the Middle East were diagnosed. Of these, 1,243 (65.9 per cent) were due to *Schistosoma haematobium* and 643 (43.1 per cent) to *S. mansoni*. Cases of the disease due to the other two species pathogenic for man (*S. japonicum* and *S. intercalatum*) were not reported.

There does not appear to be any possibility of local transmission of schistosomiasis in the country, except for *S. mansoni*, which is a potential danger. Of the river molluscs involved in the transmission of the disease, only

those of the genus *Biomphalaria*, which act as intermediate hosts of *S. mansoni*, have been reported in Cuba. Of these, the species *Biomphalaria havanensis* and *B. helofila* could be potential intermediate hosts, but the studies made to confirm this fact have been insufficient or the results disputable.

The search for travelers from endemic countries has been an important measure, since treatment has been given to several hundreds of patients who were kept under control. The possibilities of the disease being introduced into the country have been limited by sharply reducing the reservoir.

(Source: Boletín Epidemiológico, Vol. 2, No. 5, 1980, National Institute of Hygiene, Epidemiology, and Microbiology, Cuba.)