

## PROGRAMME

BERLINMonday 8 December

Depart Heathrow 1745 hrs, flight BA 782.  
Arrive West Berlin 2025 hrs. Met by  
Consul General, Mr Patrick McDermott.  
Informal dinner and overnight accom-  
modation at home of senior UK Diplomat  
in West Berlin, Mr Michael Burton.

Tuesday 9 December

(Mr McDermott will accompany party  
throughout the day)

0900 hrs	Arrive Federal Health Office. Met by the President, Professor Dr Grossklauss.
0915 hrs	Wide-ranging discussions with outside experts, Federal and City Officials on screening of pregnant women, drugs and AIDS, AIDS in children etc.
1045 hrs	Secretary of State will be interviewed on visit by local freelance health journalist (recommended by Federal Health Office)
1100 hrs	PUS, Berlin Health Ministry (Herr Harsinger) joins group for discussion on public awareness campaign and its financing
1145 hrs	Visit to Deutsche AIDS - Hilfe (equivalent of the Terence Higgins Trust)
1300 hrs	Informal working lunch
1415 hrs	Visit to Rudolf Virchow Hospital (largest city hospital with major AIDS Clinic). Discussion and tour with Professor Pohle
1630 hrs	Depart for airport
1640 hrs	Press Conference at airport
1730 hrs	Depart for Amsterdam, flight DA 827. Arrive 1925 hrs.

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\* see Annex B for names of people involved

Tuesday 9 December Cont'd

(Dr Harris departs for London 1750 hrs,  
flight BA 783, arriving Heathrow 1840.

CMO departs Heathrow for Amsterdam 2045,  
flight BD 109, arriving 2245 hrs)

AMSTERDAM

1925 hrs

Arrive Amsterdam (Schipol). Met by  
British Ambassador,  
Sir William MARGETSON and taken to  
official Residence in The Hague.  
Informal dinner at Residence

(CMO will be met on his arrival at  
Schipol airport by Embassy car and  
driver).

Wednesday 10 December

0945 hrs

Depart The Hague for Utrecht

1030-1100 hrs

Meeting at the Holiday Inn with  
Mr Dick DEES, State Secretary of  
Welfare, Health and Cultural Affairs  
(see Annex B)

1100 hrs

Depart for Amsterdam

1145-1300 hrs

Discussions at the Headquarters of the  
Amsterdam City Council's Health  
Division with Dr Coutinho (Head of  
City Council's Health Division) and  
Mr Roskon-Abbing, Chairman of the  
Netherlands National AIDS Council  
and Chief Director of Health at the  
Ministry of Welfare, Health and  
Cultural Affairs. Talks will include  
presentation on Dutch policy on AIDS,  
in particular in relation to  
drug addicts

1300 hrs

Working Lunch hosted by the City  
Council's Health Division

1400-1430 hrs

Presentation of AIDS audio-visual  
material

1430-1530

Discussion session at City Council's  
Health Division, including exchange of  
views on UK and Dutch policies on AIDS.

Wednesday 10 December Cont'd

1530-1600 hrs	Visit to Amsterdam Methadone Bus (picks up Drug Addicts and distributes free, sterilised needles)
1600-1630	Final discussion
1630 hrs	Depart for Schipol airport
1800 hrs	Depart on flight BA 415, arriving Heathrow 1800 hrs local time

**AIDS IN THE NETHERLANDS**

Statistics

By 14 November 1986, 180 AIDS cases had been notified.

Control Measures

1. National telephone information service, manned by volunteers supervised by professionals, has been established.

2. Attempts have been made to modify behaviour of high risk groups by information campaign. Said to be meeting some success eg homosexuals said to be less promiscuous. Dutch national AIDS council does not aim at low risk - ie heterosexual - population on grounds of avoiding hysteria.

3. Sterile needles are distributed to IV drug users in Amsterdam and Rotterdam. IV drug users are not treated as outcasts or criminals and are thus said to be more accessible and susceptible to advice.

4. In Amsterdam area special accommodation is being provided for AIDS sufferers to circumvent ostracism by friends, families, neighbours.

5. f2.5m has been provided by state in 1986 for testing of blood donations.

6. Testing facilities available for those who fear they have contacted AIDS - small fee payable.

77. Ministry of Health, in conjunction with London Rubber Co. (Durex Manufacturers) have developed a condom specially designed for use in anal intercourse. These will be sold in outlets such as homosexual bars and sex shops (firm fear that heterosexual customers for their standard models will infer that these are inferior and more liable to malfunction during heterosexual intercourse!)

**AIDS IN WEST BERLIN**

NB Little information available about W. Berlin specifically. What follows is in context of FRG as a whole.\*

Statistics

By 14 November 1986 715 AIDS cases had been reported. 80% victims homosexual.

Control Measures

1. In 1985 an information leaflet was distributed to all FRG households - aimed at all sexually active people. Special efforts have also been made to encourage sexually active people, and in particular homosexuals, to modify behaviour.

2. 15.1 million DM allocated by Federal Government in 1986 on control, research and public information measures.

3. Self-help groups and counsellors for gays have been funded especially in W. Berlin.

4. No compulsory notification - echoes of concentration camps for homosexuals.

5. Screening is apparently undertaken of potential foreign students. This by Ministry of Economic Co-operation in conflict with Health Ministry policy.

6. Working Party in Bavaria (no national body) to study problems and make recommendations.

7. Government policy so far has been not to issue free needles to drug addicts.

\* see attached statistical information

DOCUMENTATION

AIDS cases (CDC case definition) in the Bundesländer and west Berlin (30.5.86)

	AIDS cases (total)	No. of female cases in total	Deaths	Overall incidence of AIDS cases per million inhabitants
Berlin	96	2	48	51.9
Hessen	88	4	50	16.0
(Frankfurt)	(76)	(3)	(44)	(124.6)
Nordrhein-Westfalen	82	5	38	4.9
Hamburg	61	2	38	36.1
Bayern	88	1	50	8.2
Baden-Württemberg	35	5	18	3.8
Niedersachsen	17	2	7	2.4
Bremen	8	1	0	11.8
Schleswig-Holstein	2		1	1.2
Rheinland-Pfalz	8		4	2.2
Saarland	3		0	2.9
Total	488	22	446	8.0

AIDS cases (CDC case definition) in Germany known to the BGA AIDS Working Party (as at 30.5.86)

Manifestation of the immune deficiency	No. cases	% of total	Patient deaths	% of deaths
Kaposi's sarcoma (KS) without opportunistic infections (OI)	101	20.7	21	20.7
KS and OI	64	13.1	35	34.7
AS or typical malignant growths <sup>(a)</sup>	323	66.2	190	58.8
Total	488		246	50.4

a) Isolated CNS lymphomas; Burkitt and Non-Hodgkin lymphomas in LAV/HTLV III infection

Risk group	No. of cases male	female	% of total	Age	No. of patients male	female	% of total
1. Homo- or bi- sexual men	387	-	79.3	0-1 years	0	2	1
2. Drug addicts	13	11	4.9	1-9	3	0	1
2. * Risks 1 & 2	6	-	1.2	10-19	3	0	1
3. Africans	4	0	0.8	20-29	88	6	19
4. Haemophiliacs	30	0	6.1	30-39	205	10	44
5. Heterosexual partners of risk groups 1-4	6	4	2.0	40-49	123	2	25
6. Recipients of blood transfusions <sup>d</sup>		2	1.2	over 50	30	2	7
7. Others*	3	3	1.2	Not known	14	0	3
8. Not known	13	2	3.0	Total	466	22	
Total	488						

The figures are based on voluntary notifications to the BGA (Berlin) and were made available to us by Prof. Dr. M.A. Koch.

\* 5 children under age 6 (parents in a risk group)  
1 female prostitute (not a drug addict)