

## AIDS in Japan

# No screening of blood donors

Tokyo

OVER the centuries, Japan has fought off foreign invaders with a fervour second to none, but in the face of an invasion of AIDS (acquired immune deficiency syndrome), Japan has been slow to protect the purity of the national blood. The AIDS virus has already made significant inroads into the blood of certain sectors of the Japanese population. Yet there are still no plans to introduce routine screening of blood donors as in the United States and Britain.

The number of confirmed cases of AIDS in Japan has risen to eleven since March, when the first two cases were reported among haemophiliacs (*Nature* 315, 8; 1985). Six of the eleven were or are homosexuals and five haemophiliacs. Two of the homosexuals and four of the haemophiliacs had died by late October according to the Health and Welfare Ministry.

Many more Japanese are known to have been exposed to the virus. In September, a team at Jutendo University headed by Takao Matsumoto found that the blood of 5 out of 103 homosexuals contained antibodies to the AIDS virus, HTLV-III (human T-cell lymphotropic virus), while in October the Health and Welfare Ministry revealed that, of 395 haemophiliacs surveyed across the nation between September 1984 and this summer, 120 or 31 per cent have been exposed to AIDS, probably through treatment with blood plasma products from the United States. With about 5,000 haemophiliacs and 300,000 homosexuals in Japan, estimates of those already exposed to AIDS runs into tens of thousands.

In response, the Health and Welfare Ministry has announced plans to double the amount of blood taken from individual donors to reduce dependence on imported blood plasma (*Nature* 317, 101; 1985), but earlier this month, in reply to an inquiry by a communist member of the House of Representatives, the ministry said there is at present no need for mandatory AIDS screening of blood donors. Instead, "voluntary" testing will be covered by the health insurance system for "high-risk" groups such as homosexuals and drug addicts. But in Japan, where pressure to conform is severe, a rush of volunteers can hardly be expected.

Blood donors in Japan are routinely tested for hepatitis virus and venereal disease, which may have induced homosexuals to give blood in order to get free VD checks. A month after the release of the findings by the team at Jutendo University, the Health and Welfare Ministry directed the Red Cross Society to stop accepting blood from homosexuals.

Amid calls for mandatory AIDS tests for blood donors come appeals for the

introduction of screening for another less notorious but equally insidious virus, HTLV-I, which causes ATL (adult T-cell leukaemia). Yorio Hinuma of Kyoto University's Institute for Virus Research estimates that a million Japanese are now carriers of ATL virus. Although the normal infection route is from husband to wife and from mother to child, Hinuma suspects that each year as many as 40,000 Japanese may be "artificially" infected with ATL virus by blood transfusion. Only one in a thousand carriers usually develops the disease but for those who do, ATL is almost invariably fatal, with 50 per cent succumbing within six months and three rest within two years. Professor Hinuma stresses, however, that there is very little relation between the ATL virus HTLV-I and the AIDS virus HTLV-III, and he considered the HTLV-I, II, III terminology proposed by Dr R.C. Gallo, chief of the tumour cell laboratory of the US National Cancer Institute, to be inappropriate.

As in the case of AIDS, the Health and Welfare Ministry has turned down requests for mandatory screening of blood donors. In both cases, the cost of screening the 8 million people who donate blood in Japan each year appears to be the major deterrent.

David Swinbanks

## More AIDS money

Washington

**ALARM over the spread of acquired immune deficiency syndrome (AIDS) was evident in an agreement of funding for the US Public Health Service reached last week in Congress. The report established a special fund of \$70 million for combating the disease to be allocated by the director of the National Institutes of Health (NIH); this is in addition to the \$120 million the administration had requested for AIDS research at NIH. The total sum appropriated under the agreement would be \$5,501 million, an increase of 7 per cent over last year's figure, with 6,100 new and competing extramural research grants — substantially more than the 5,000 the administration wanted. The total support for AIDS research throughout the Public Health Service is expected to be more than \$300 million.**

The agreement, which has not yet been formally accepted by either arm of Congress, notes that there is an urgent need for more basic research on AIDS and directs NIH to spend "a substantial portion" of the extra \$70 million on basic research. The director of NIH is urged to convene a special working group of both intramural and extramural researchers to decide priorities for such research, which would also report to Congress.

Tim Beardsley

## Soviet spaceflight

# Medical hazards to cosmonauts

THE illness of Vladimir Vasyutin, which led to the premature return to Earth of the latest long-stay crew of Salyut-7, has been provisionally diagnosed as "an inflammatory disease that did not respond to the drugs available on board". Although Vasyutin was unable to act as commander during the landing, he was well enough to give a brief television interview after touchdown. The doctor who gave him a preliminary check-up said that his condition was "satisfactory", but that he would nevertheless need hospital treatment.

Valerii Kybasov, himself a cosmonaut, told a TASS correspondent that it was decided to bring Vasyutin back to Earth simply because "in our country, man comes first". There have been some hints in the Soviet media, however, of fears that the malady might have spread to his fellow crew members, Viktor Savinykh and Alexandr Volkov. An unnamed official, interviewed at the landing site by Moscow radio, spoke with some concern of an ordinary cold having developed "into some new forms", requiring "urgent intervention from Earth. Both Savinykh and Volkov proved to be in good health, however.

This is the first major medical incident in almost 25 years of Soviet manned spaceflight, although there have been cases of toothache and colic which responded to the on-board medicine chest. Even if Vasyutin's indisposition proves relatively minor, his hospitalization could have important repercussions for the Soviet space programme. The lobby within the Soviet space programme pressing for a flight to Mars claims that the long-term Salyut missions have already established the human organism's adaptation to prolonged weightlessness without permanent after-effect. Vasyutin's illness will provide the "conservatives" who oppose the lobby with a powerful example of their main counter-argument, that space medicine has not yet reached the stage where cosmonauts can be allowed to venture out of reach of a base hospital.

Vera Rich

● Two Syrian trainee cosmonauts have arrived in the Soviet Union to prepare for a future joint mission. This news has caused some speculation among Baikonur-watchers, since even a few months ago, Soviet space officials were emphatic that no further "international" flights were being planned. Even more curiously, the news was announced in *Krasnaya Zvezda*, the Red Army daily. It has been suggested, therefore, that the invitation to Syria to participate in such a flight may be a sop, not unrelated to the tentative political rapprochement of the Soviet Union towards Israel. □