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bmj.com Australian studies of A/H1N1 flu could help northern hemisphere this winter

GPs will lead UK's vaccination campaign against swine flu, which should start in early autumn

Adrian O'Dowd LONDON

The government is planning a large scale but non-compulsory campaign of vaccination against the A/H1N1 virus.

The news comes as the virus continues to spread around the country and as confirmation came that the first health professional, a Bedfordshire GP, had died from the infection.

Michael Day died on Saturday 11 July at the Luton and Dunstable Hospital. A swab test confirmed that Dr Day had the virus, but the cause of his death is still unknown. An apparently healthy 6 year old girl also died last week.

The World Health Organization's latest update on Monday 6 July gave worldwide figures of 94 512 confirmed cases and 429 deaths.

As the *BMJ* went to press on Tuesday 14 July the United Kingdom had 9718 confirmed cases and 17 deaths, the Department of Health said. However, the actual total, including unconfirmed cases, is thought to be considerably higher.

The department has confirmed that it is considering a large scale vaccination programme against the virus later in the year, which would be the biggest such programme in the UK for more than 40 years.

Peter Holden, the BMA's lead negotiator



on swine flu, who has attended department briefings on fighting the infection, said in an interview with the *Sunday Times* newspaper (www.timesonline.co.uk/tol/news/uk/health/article6689955.ece) that general practices would be at the centre of a vaccination programme, on a scale similar to that of the UK's 1962 vaccination campaign against smallpox.

The move comes after the first death in the UK last week of a patient who didn't have underlying health problems, a man who died at Basildon and Thurrock University Hospital. Dr Holden said, "High risk groups will be done [vaccinated] at GPs' surgeries. We want to get cracking before a second wave, which

is traditionally more virulent."

The final details have not yet been agreed, but Dr Holden said he expected that among the first to be vaccinated would be front-line healthcare workers, children, people with underlying illness, and elderly people.

The department has ordered 130 million doses of a vaccine against swine flu, and it is hoped that the first supplies will be available from next month.

A department spokesman said that offering vaccination against swine flu "has always been part of our plans in order to protect as many people as possible."

He said, "We expect the first batches of vaccines to arrive by early autumn, with around 60 million doses available by the end of the year (enough for 30 million people to be vaccinated), with more following after that."

The BMA has compiled a list of 343 retired doctors who have said they are happy to help with the current situation, as part of an initiative with the Royal College of GPs.

"These doctors are currently being held in reserve if they are needed," said a BMA spokesman. "They would be called on if the situation worsened significantly. There is no plan at the moment to activate them."

Cite this as: *BMJ* 2009;339:b2879

Healthcare workers should get top priority for vaccination, WHO says

John Zarocostas GENEVA

The World Health Organization said on Monday 13 July that healthcare workers in all countries should be vaccinated against the A/H1N1 flu virus "as a first priority." They should be followed by high risk groups such as people with chronic conditions and pregnant women.

The decision comes after WHO's adoption of recommendations

from its strategic advisory group of experts on immunisation, drawn up after the group held an extraordinary meeting on 7 July.

"Some groups, such as pregnant women and persons with asthma and other chronic conditions such as morbid obesity, appear to be at increased risk for severe disease and death from infection," the advisory group said.

Prioritising vaccination of health workers and vulnerable groups, the group concluded, is necessary, as initially there will not be enough A/H1N1 vaccine for everyone.

At its special session the group also concluded that the A/H1N1 pandemic "is considered unstoppable" and that all countries will need to have access to the vaccine, WHO officials said.

At Monday's press conference Marie-Paule Kieny, WHO's director for vaccine research, said that "healthcare workers should be immunised in all countries in order to maintain a functional health system as the pandemic evolves."

After healthcare workers, individual countries needed to set their order of priority.

Cite this as: *BMJ* 2009;339:b2877

US National Institutes of Health advise on stem cell research

Janice Hopkins Tanne NEW YORK

The US National Institutes of Health have released rules about the use of embryonic stem cell lines in research funded by the institutes. This follows Barack Obama's decision in March to remove the ban introduced by the previous US president, George Bush, on using federal funds to support embryonic stem cell research (*BMJ* 2009;338:b1011).

The rules state that the cells must come from embryos voluntarily donated for research with informed consent. They will come from donations of excess embryos by people treated at in vitro fertilisation clinics. The embryos would otherwise be discarded.

Donors must be informed during the consent process that they cannot make any restriction or direction about the use of the donated cells, such as who might be the recipients of cell transplants. They must also be told that the research is not intended to provide any direct benefit to them and that the results of research using the donated cells may have commercial potential, but they will not receive financial or other benefits.

Somatic cell nuclear transfer, parthenogenesis, cloning, and embryos created for research are procedures not eligible for federal funding.

Payment for donation or creation of embryos for research will not be permitted.

Researchers requesting funding from the institutes for studies will need to document the sources of their stem cells.

In March President Obama asked the institutes to review the more restrictive policy of President Bush.

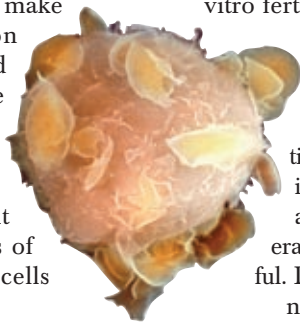
In a press briefing, Raynard Kington, acting director of the institutes, said that the rules will be in effect from 7 July. Stem cell lines created before this will be reviewed to see whether they comply. Stem cell lines derived outside the United States will be reviewed against the same standards.

He said that the institutes would appoint an advisory group of about 10 people, including ethicists, scientists, an expert in in vitro fertilisation, and a representative of the public. They will review applications for research on embryonic stem cell lines.

Under the Bush administration's rules, only 21 stem cell lines in existence in August 2001 were approved for research using federal funds, but some were not useful. Dr Kington said that there were now about 700 stem cell lines derived using private funding, but not all of these were usable. Both the previously approved 21 stem cell lines and the approximately 700 stem cell lines derived with private funding will need approval under the guidelines.

The guidelines are at <http://stemcells.nih.gov>.

Cite this as: *BMJ* 2009;339:b2804



Obama overturned George Bush's ban on using federal funds for stem cell research

NHS "takes too long to diagnose and treat rheumatoid arthritis"

Susan Mayor LONDON

Many cases of rheumatoid arthritis are not being diagnosed or treated quickly enough to stop preventable damage to joints, warns a report published by the National Audit Office (NAO), which reviews NHS services in England.

The NAO examined the efficiency and effectiveness of services for people with rheumatoid arthritis, as part of its role to scrutinise public spending on behalf of parliament. The report shows that the average time from onset of symptoms to treatment is nine months, despite the consensus that treatment of rheumatoid arthritis should start within three months of the onset of symptoms for it to be most effective. The time lag has not improved in the past five years.

"These delays can increase the risk of damage to joints and increase the need for more costly treatments and surgical intervention," warned Chris Groom, audit manager for the report.

He estimated that the economic cost of rheumatoid arthritis in sick leave and work related disability is £1.8bn (€2.1bn; \$2.9bn) a year. "Better coordinated services would lead to earlier identification of new cases, improved outcomes for patients, and productivity gains for the economy," he argued.

An important factor in the delay in referral to a specialist and treatment, the report found, was that people put off seeking help from their GP. Surveys showed that although 95% of people with rheumatoid arthritis

Girl is healthy three and a half years after her donor heart

Daniel M Henderson BMJ

A 16 year old girl is fit and well three and a half years after the removal of a donor heart that had been transplanted alongside her own. The donor heart had been in place for 10 and a half years, allowing her own heart to recover from advanced cardiomyopathy.

Hannah Clark presented with signs of severe heart failure, secondary to idiopathic dilated cardiomyopathy, at the age of 8 months, a paper in the *Lancet* has reported (doi:10.1016/S0140-6736(09)61201-0). When

she was 2 years old she underwent a heterotopic cardiac transplantation, in which the donor heart was placed in the right pleural cavity and attached to Hannah's own heart, and long term immunosuppression was begun. The insertion of the donor heart allowed long term reduction in left ventricular pressure and the consequent recovery of Hannah's heart.

Two of the report's authors, Magdi Yacoub, professor of cardiothoracic surgery at Imperial College London, and Victor Tsang, consultant paediatric cardiothoracic

surgeon at Great Ormond Street Hospital for Children, told a press conference that heterotopic cardiac transplantation means that a smaller donor heart can be used, reducing the waiting time for a transplantation while also enabling a decrease in pulmonary vascular resistance and recovery of the "native heart."

Unfortunately Hannah's case was complicated when she developed recurrent Epstein-Barr virus associated post-transplantation lymphoproliferative disorder (EBV associated PTL), as a result of long

term immunosuppression. This caused widespread lymphadenopathy and airway obstruction, and she needed intubation and ventilation in 2001.

Hannah was initially treated with chemotherapy, which achieved complete remission. However, 15 months later she relapsed and required treatment with rituximab, cytotoxic T lymphocytes, and further chemotherapy.

After her final relapse in November 2004, Hannah's specialists scanned her heart and found that it was functioning adequately and had a

JACK SULLIVAN/ALAMY



The average time from onset of symptoms to treatment is nine months, the report says

sought help from their GP, between half and three quarters delayed seeing their GP for three months or more, with around 20% delaying for a year or more.

The report found that people tend to delay seeking help because they have mild symptoms, including joint pain and stiffness, that most people do not associate with a condition requiring prompt treatment. The NAO recommends that the Department of Health consider a campaign to raise awareness among the public of the symptoms of the illness and to encourage people with symptoms to see a GP promptly.

GPs' failure to refer patients with symptoms to a specialist promptly is another major reason for delays in diagnosis and treatment. Less than half of people with rheumatoid arthritis are referred to a specialist within three months of the onset of symptoms, and patients visited their GP an average of four times before being referred.

The research showed that some of this delay was due to GPs carrying out diagnostic tests before deciding to refer. Half of people had blood tests for rheumatoid factor, and 10% underwent radiography. These tests "may result in unnecessary delays and costs as they are usually repeated by specialists."

The report also found limited access to ongoing training for GPs in treating rheumatoid arthritis. And a survey of GPs showed that 60% did not use specific guidance or criteria to help them identify symptoms, despite the availability of guidance from the National Institute for Health and Clinical Excellence. The NAO recommends that primary care trusts improve awareness in primary care, particularly among GPs, of how to recognise the symptoms of rheumatoid arthritis and of the need to refer promptly.

Services for People with Rheumatoid Arthritis can be found at www.nao.org.uk.

Cite this as: [BMJ 2009;339:b2882](https://doi.org/10.1136/bmj.2009.339.b2882)

was removed

normal appearance and ejection fraction but that the donor heart was significantly impaired. The decision was made to remove the malfunctioning donor heart and stop immunosuppression.

Now 16, Hannah has just completed her GCSEs, is able to go running and swimming, and is due to enter the sixth form later this year. Her cardiac function remains normal, and the PTLD is in complete remission.

Professor Yacoub said, "This is what medicine is all about."

Cite this as: [BMJ 2009;339:b2867](https://doi.org/10.1136/bmj.2009.339.b2867)



MARK THOMAS

Hannah's case shows that late recovery of function in idiopathic cardiomyopathy might occur many years after it presents

No protection will be given to relatives of those seeking suicide

Clare Dyer *BMJ*

An attempt to change the law to give legal protection to relatives and friends who help terminally ill loved ones to travel abroad for an assisted suicide has failed in the House of Lords.

The amendment to the Coroners and Justice Bill moved by Lord Falconer, a former Labour lord chancellor, was defeated by 194 votes to 141 after an impassioned debate.

It would have given immunity from prosecution to those who helped a terminally ill friend or family member go to a place where assisted suicide is legal, such as Switzerland.

Under the Suicide Act 1961, actions taken in England and Wales to aid or abet a suicide have always been thought to be a criminal offence, even if the suicide happens abroad—although the law lords recently raised doubts about whether this is, in fact, correct.

Under the amendment, those actions would not have been criminal if taken in connection with travel to a country where assisted suicide is lawful, if certain conditions were met.

Two doctors would have had to confirm that the person planning to commit suicide was both terminally ill and competent to make the decision, and there would have to have been a declaration by that person, witnessed by an independent third party, that he or she had decided to have an assisted death.

More than 100 Britons have travelled to the facility run by the assisted suicide organisation Dignitas in Zurich to end their lives. But although no one has been prosecuted for helping their loved ones, several family members have been interviewed by police, and the Crown Prosecution Service has considered several cases before deciding to take no action.

The amendment to the bill followed an unsuccessful court battle by Debbie Purdy, who has multiple sclerosis, to try to ensure in advance that her husband would not be prosecuted for helping her go to Switzerland to die.

Lord Falconer said the current situation created a "legal no man's land" which required clarity. Nobody had the stomach to enforce the law, he said, because it was inhumane.

See PERSONAL VIEW, p 175, and FEATURES, p 134

Cite this as: [BMJ 2009;339:b2797](https://doi.org/10.1136/bmj.2009.339.b2797)

Auditors question the value of EU public health programmes

Rory Watson BRUSSELS

The beneficial impact of the European Union's increasing involvement in public health programmes has been challenged by the authority that audits the EU's annual accounts.

The Luxembourg based European Court of Auditors, in its first major assessment of European funding of health programmes and projects, identified weaknesses in strategic planning and an absence of priority setting in its investigation into the EU's 2003-2007 public health programme. In particular, it pointed to goals it considered too broad, the absence of specific quantifiable success criteria, and inadequate funding.

"Objectives should be set. You need specific targets for each policy area, so that awareness of nutrition should increase by a certain percentage within a certain number of years. They have this in the US and it works well," said an official involved in the assessment.

The conclusions to the 68 page report state, "The Court finds that the PHP [public health programme] (2003-2007) did not make a major contribution to health promotion in the European Union."

The five year programme was financed by €232m (£200; \$325m) from the annual EU budget. It focused on three areas—health information, rapid reaction to health threats, and tackling health determinants. In all, some 352 projects were funded, 36 which the auditors examined.

Henri Grethen, the European auditor who authored the report, maintained that the investigation raised questions about the worth of certain elements of European public health programmes.

"The court found that the right conditions for the projects financed by the EU budget were not in place to protect and improve public health. Under these circumstances, it was difficult for such projects to have any major impact on citizens' health," he said.

The Luxembourg member of the European Court of Auditors also warned the European Commission, which has considerably increased its involvement in, and financing of, health issues across the 27 member bloc in recent years, not to stray beyond its legal remit and to recognise that public health is largely a national responsibility.

The report is at <http://eca.europa.eu>.

Cite this as: *BMJ* 2009;339:b2819



There are 8000 small businesses in the Netherlands where people can smoke because of an ambiguity in the law

Legal loophole

Tony Sheldon UTRECHT

The smoking ban in Dutch cafes and restaurants has been partially suspended after a second appeal court ruled that the law does not apply to small cafes that do not employ staff.

Consequently, the health minister Ab Klink has temporarily halted enforcement of the smoking ban on possibly thousands of these smaller cafes run by their owners alone. Checks and fines imposed by the Food and Consumer Product Safety Authority will cease until the

Study says child pornography may not raise risk of abuse

Susan Mayor LONDON

Viewing child pornography does not, in itself, seem to be a major risk factor for committing physical sexual abuse of children in the future, concludes a follow-up study of men who were convicted in a Swiss child pornography investigation but who had no convictions for hands-on sex offences (offences involving physical contact with the victim) against children.

"There is ongoing debate about whether people who view child pornography pose a risk of committing sex offences against children," explained a member of the research group, Frank Urbaniok, a forensic psychiatrist with the Canton of Zurich Department of Justice. "And there have previously been few studies looking at the association between consumption of child pornography and subsequent sex offences."

It is generally assumed that people who download child pornography are paedophiles, said Jérôme Endrass, head of the research department at the Criminal Justice System of Zurich. "In forensic psychiatry we find that the majority of people convicted of child abuse have consumed child pornography in the past. So we wanted to see if people who viewed child pornography, but who did not have convictions for child abuse, went on to commit hands-on sex offences."

The study followed up 231 men charged with viewing child pornography after being detected by a special operation against internet child pornography in Switzerland in 2002 (*BMC Psychiatry* 2009;9:43). Fourteen (6%) of the men went on to commit a violent or sexual offence in the following six years or be investigated for such an offence.

Nine of these men (4% of the total) were investigated for, charged with, or convicted of hands-off sex offences, all relating to illegal possession of pornography, and three men were investigated for violent offences. Two men were being investigated for, charged with, or convicted of hands-on sex offences—namely, child sexual abuse. One of these had previously been convicted of a hands-on sex offence.

In terms of managing people convicted of viewing child pornography, Dr Endrass said the study indicated that those who do not have a previous history of child abuse seemed unlikely to commit hands-on sex offences against children in the future. However, he noted that consumption of child pornography is clearly an offence and that children remain victims of this activity.

Chris Cloke, head of child protection at the UK National Society for the Prevention of Cruelty to Children, said, "It's important to remember that many children will have suffered appalling sexual assaults while these images are being made, so anybody who views them is colluding in some way."

And once an image is online it can never be completely removed, he said.

Cite this as: *BMJ* 2009;339:b2876



Children suffer when images are made, child charity says

helps hundreds of Dutch cafes to escape smoking ban

law is changed, in what is seen as a public health “disaster.”

The law remains in force for larger cafes that employ staff.

Mr Klink plans to amend the law, to remove any “lack of clarity” and to create a completely smoke-free hospitality industry “without exceptions.” But this must first go before parliament and so cannot come into force until the third week in September.

The move was forced by a judgment from Leeuwarden appeal court, which overturned an earlier

conviction against a cafe owner for failing to implement a smoking ban. It ruled, “There is no clear obligation in the text of the law for a hospitality industry business without personnel to establish a smoking ban.”

The judgment turned on whether employers’ obligation to take “measures” to prevent nuisance from smoking were the same as a “smoking ban.” Linguistics allows the word “measures” room to mean something other than a “smoking ban,” it states.

It concluded that the article that

includes the words “smoking ban” did not apply here.

The small cafe De Kachel was originally fined €1200 (£1000; \$1700) and given a conditional one month closure order. The successful appeal follows a similar judgment by the Den Bosch appeal court. The public prosecution service has now appealed both judgments to the Supreme Court.

The Netherlands has 18 000 hotels, restaurants, and cafes. Of these, 8000 are deemed small businesses, and to date 1269 cafes

without staff have been fined for contravening the smoking ban.

Onno van Schayck, professor of preventive medicine at Maastricht University, thinks that the Netherlands should have followed the same path as Ireland and the UK and banned smoking on grounds of public health too rather than employee protection. He thinks that the law reflects Dutch concerns about government interference in people’s lives. “It would not fit into a liberal Dutch way of thinking,” he said.

Cite this as: *BMJ* 2009;339:b2824

Schemes to collect and destroy handguns help to cut homicide rate in crime ridden countries

John Zarocostas GENEVA

Initiatives to collect and destroy handguns and other small arms, especially in countries with high homicide rates, such as Brazil and South Africa, help to bring down the number of homicides, a survey indicates.

About 490 000 homicides are committed worldwide each year, and in about 60% of homicides the weapons used are small arms. By comparison, the annual number of deaths from war and conflict is estimated at between 52 000 and 184 000.

The Graduate Institute of International and Development Studies in Geneva, which carried out the survey, says that children and teenagers are affected by armed violence in ways different from and at times “more severe” than adults. But it says that initiatives in which civilian weapons are collected and destroyed, in combination with other social reform policies, were making some headway in efforts to stem gun related violence, especially in urban areas.

For example, in Brazil, where between 1979 and 2003 guns were used to kill 550 000 people and were the weapon used in almost 70% of murders, campaigns to reduce fire-arm ownership have started to make inroads in reducing the number of homicides.

Between 1998 and 2005 Brazilian authorities destroyed nearly three quarters of a million small arms, it says. Police data show that in the state of São Paulo the number of murders fell from 36 per 100 000 population in 1999 to 11.6 per 100 000 in 2007,



In Rio de Janeiro the murder rate fell from 46.1 to 39.5 per 100 000 in four years

while in Rio de Janeiro state the murder rate dropped from 46.1 per 100 000 in 2002 to 39.5 in 2006.

Similarly in South Africa, where in 1998 firearms accounted for nearly half of all murders committed, a reduction of the civilian arsenal by some 440 000 has corresponded with a decline in the homicide rate.

“Trends appear to indicate declining fire-arm homicides,” it says.

But the annual survey also shows that the proliferation of small arms continues and that the global trade in small arms grew by

28% from 2000 to 2006, with demand from the United States as the key driver.

“Current data show that the global trade in small arms and light weapons is robust and even expanding,” said Keith Krause, director of the survey.

Countries in Latin America are among the most violent in the world in terms of homicidal violence, followed by parts of southern Africa, the survey shows.

The small arms survey is available at www.smallarmssurvey.org.

Cite this as: *BMJ* 2009;339:b2860

IN BRIEF

Spending on healthcare lobbying in US rises: The US healthcare industry spends \$1.4m (£0.9m; €1m) a day on lobbying for its interests, and the Pharmaceutical Research and Manufacturers of America, the drug industry group, doubled its spending to \$7m in the first quarter of this year, the *Washington Post* reports (www.washingtonpost.com, 6 Jul, “Familiar players in health bill lobbying”).

Obama names genome expert to head NIH: Barack Obama has nominated Francis Collins, a leader in mapping the genetic code, to head the US National Institutes of Health, which has a budget of about \$30bn (£19bn; €22bn).

Advice is issued on caring for trafficked persons: The International Organization for Migration (www.iom.int) has, with the cooperation of medical schools, compiled new guidance for healthcare providers on caring for trafficked persons.

Canada's role as chief supplier of medical isotopes is in doubt: Canada's medical isotope reactor, which produces 30% of the world's supply and whose closure has provoked a worldwide shortage, will not return to service before late 2009. Jean-Luc Urbain, head of the Canadian Association of Nuclear Medicine, said he suspects that the reactor may never be reactivated.

More than 200 000 more people are displaced in Congo: Christophe Fournier, head of Médecins Sans Frontières, has warned of the serious humanitarian situation in the Haut-Uélé and Bas-Uélé districts of the Democratic Republic of the Congo, where more than 200 000 people have been displaced. MSF staff have been forced to use planes to move medical supplies into the area because of the danger of using roads.

Safety syringe will reduce cross infection: Unicef is promoting a self disabling syringe to reduce the risk of transmission between patients of bloodborne infections such as hepatitis B and C and HIV. The syringe is automatically disabled after use by means of an internal, one way valve. It also comes with a safety disposal box. In 2008 Unicef said it procured more than 480 million such syringes and other safe injection supplies, worth \$43m (£27m; €31m), for use in its immunisation campaigns.

Cite this as: *BMJ* 2009;339:b2837

Médecins Sans Frontières campaigns

Peter Moszynski LONDON

The charity Médecins Sans Frontières last week launched an international campaign to raise awareness of the parasitic Chagas' disease, to encourage patients to seek help and doctors to treat the disease in both its acute and chronic stages.

Because the disease has previously been considered incurable, many patients who realise they are infected do not seek help, the charity says. And many other patients don't know they have the disease.

Gemma Ortiz, head of the charity's Chagas campaign, said, “Patients aren't presenting, doctors aren't prescribing, so manufacturers don't know how many drugs to produce. Now, knowing that the majority of those infected by the parasite [that causes it] can be treated, this is no longer acceptable.”

About 10-15 million people in Latin America become infected with the disease

each year. It is estimated that 14 000 people die of the disease annually, though the number could be much higher.

Chagas' disease is caused by the *Trypanosoma cruzi* parasite. The parasite is usually transmitted in the faeces of the vinchuca insect, which thrives in poorly constructed and usually rural housing, although transmission is also possible from mother to child and through blood transfusions, organ transplantations, and contaminated food.

Patients can be asymptomatic for years, but during the chronic phase of the disease a third of infected people develop serious health problems—mainly heart and intestinal complications—that can lead to death.

Chagas' disease is endemic in several Latin American countries, but worldwide migration means that more and more cases are being reported in the United States, Europe, Australia, and Japan. The standard treatment

EC berates drug industry for delays in access to generics

Rory Watson BRUSSELS

A combination of illegal business practices and regulatory obstacles is delaying the arrival of generic drugs and novel drugs onto the market, concludes an 18 month investigation of the drug industry by the European Commission.

Taking a sample of drugs that faced losing their exclusivity between 2000 and 2007 in 17 European Union countries, the inquiry found that the public had to wait more than seven months after patents had expired before cheaper generic products became available.

Announcing the findings, Neelie Kroes, the EU's competition commissioner, called

for “more competition and less red tape” in the sector and warned that she would use her considerable legal powers to tackle illegal behaviour.

She said, “When it comes to generic entry, every week and month of delay costs money to patients and taxpayers. We will not hesitate to apply the antitrust rules where such delays result from anticompetitive practices.”

The commissioner is focusing her attention in particular on some 200 settlement agreements between parties in the drug industry. “In most cases these do not benefit consumers, patients, or the economy but is a burden for them,” she explained. The report notes that delay in the availability of generic products has major financial consequences. The report is available at <http://ec.europa.eu/comm/competition/sectors/pharmaceuticals/inquiry/index.html>.

Cite this as: *BMJ* 2009;339:b2843



CHRIS STOWERS/PANOS

Smoking is a major cause of chronic disease in India and other developing countries

Non-communicable

John Zarocostas GENEVA

The World Health Organization has launched a new global initiative to try to ensure that non-communicable diseases are given greater priority in the health and development policies of poor nations.

At present non-communicable diseases, such as heart disease, stroke, cancer and diabetes, are responsible for about 35 million deaths each year, or 60% of all deaths worldwide, says WHO. Of these deaths, 80%

to increase treatment of Chagas' disease worldwide



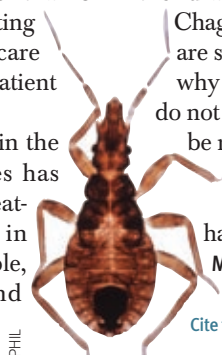
A symptom of Chagas' disease can be a swelling of the eye, as in this Panamanian child (above). The disease is spread by the vinchuca insect (right)

of the disease is with two drugs, nifurtimox and benznidazole.

Recent research in Switzerland indicates that 12-14% of the country's Latin American residents were infected, Ms Ortiz said. "If we extrapolate that to the UK, it could mean quite a lot of people are potentially affected."

She said, "Chagas is a potential killer, but so far governments have focused on prevention and vector control rather than on the treatment of patients. Integrating Chagas care into primary healthcare facilities would greatly improve patient access to treatment.

"In its 10 years of experience in the field, Médecins Sans Frontières has proved that the diagnosis and treatment of Chagas' disease, even in remote rural environments, is viable, necessary, and ethically beyond question."



The charity's campaign also marks the centenary of the disease's discovery. In 1909 the Brazilian doctor Carlos Chagas announced the existence of a new infectious disease. The previous year he had discovered the parasite that caused it and the vector by which it was transmitted. His triple discovery is still considered unique in the history of medicine.

Ms Ortiz said: "This is largely a disease of the rural poor. Many of those infected with Chagas' disease are still unaware that they are sick. They are dying without knowing why and doing so in silence. Their voices do not reach the governments which should be responding to this public health problem. For 100 years Chagas' disease has been a silent illness. The time has come to break the silence."

More information is at www.chagas-break-the-silence.com.

Cite this as: *BMJ* 2009;339:b2859

Elsevier says offering \$25 gift cards for positive reviews of psychology textbook was a mistake

Helen Mooney LONDON

The publishing company Elsevier has confirmed that it was a mistake to offer \$25 (£15; €18) Amazon gift cards to academics contributing to the academic textbook *Clinical Psychology* to encourage them to post favourable "five star reviews."

An email was sent by the company's marketing division to contributors, offering to pay them for positive online reviews of the book last month.

The email congratulated those who had contributed to the book and continued, "Now that the book is published, we need your help to get some 5 star reviews posted

to both Amazon and Barnes & Noble to help support and promote it. As you know, these online reviews are extremely persuasive when customers are considering a purchase. For your time, we would like to compensate you with a copy of the book under review as well as a \$25 Amazon gift card.

"If you have colleagues or students who would be willing to post positive reviews, please feel free to forward this e-mail to them to participate. We share the common goal of wanting *Clinical Psychology* to sell and succeed. The tactics defined above have proven to dramatically increase exposure and boost sales. I hope we can work together to make

a strong and profitable impact through our online bookselling channels."

A spokesman for Elsevier said that the email did not reflect company policy and said that it had been the "mistake" of an Elsevier employee.

In a statement he said, "Encouraging interested parties to post book reviews isn't outside the norm in scholarly publishing; nor is it wrong to offer to nominally compensate people for their time, [as] some of these books are quite large. But in all instances the request should be unbiased, with no incentives for a positive review."

Cite this as: *BMJ* 2009;339:b2841

diseases must be given greater priority, says WHO

occur in low and middle income nations.

All three diseases share the same risk factors: tobacco use, unhealthy diets, physical inactivity, and harmful use of alcohol, say WHO experts.

The agency predicts that percentage increases in mortality from non-communicable diseases will reach double digits in the coming years, thus the urgent need to act. In the next 10 years, it estimates, the world will see "an overall 17% increase in mortal-

ity from these groups of diseases, but the greatest increase will be seen in developing countries: about 27% in the African region, 25% in the Middle East, and 20% to 21% in Asia and the Pacific," Dr Ala Alwan, WHO's assistant director general for non-communicable diseases, told reporters.

The burden of non-communicable disease has a major effect on socioeconomic development in poor nations, said Dr Alwan, a former Iraqi health minister. WHO health

analysts estimate that in developing nations that are experiencing rapid economic growth, heart disease, stroke, and diabetes alone reduce gross domestic product (GDP) by between 1% and 5% each year.

Many of the factors behind the rising prevalence of non-communicable disease are preventable, Dr Alwan said.

More information on WHO's new global non-communicable disease network is at www.who.int.

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