

Medical News

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17th International Congress of Chemotherapy (ICC) Meeting Focuses on New Treatments for Cancer, AIDS, and Infectious Diseases

Approximately 10,000 infectious disease experts met in Berlin, Germany, June 26, 1991, to discuss the latest advances in cancer, acquired immunodeficiency syndrome (AIDS), and antimicrobial therapy.

Advances in immunomodulators and immunomodifiers, such as growth factors, cytokines, interleukins, and interferons, and developments in antimicrobial, antiviral, and antiparasitic agents were among the topics at the congress.

Part of this year's ICC scientific agenda is to examine resistance to antimicrobial agents and antibiotic policy on a worldwide basis. The global impact of bacterial resistance to antibiotics was the first major symposium at the congress, with reports from France, Spain, the United States, and Sweden. "Bacterial resistance to antibiotics causes the same problems globally as it does in the United States—mortality, morbidity, and lost productivity," said Clyde Thornsberry, MD, of Nashville, Tennessee.

"The introduction of newer, stronger antimicrobial agents with better pharmacokinetic profiles, coupled with the introduction of a global policy on the rational administration of these agents, will help physicians combat resistant bacterial strains," he said.

According to Dieter Adam, MD, of Munich, Germany, pathogens like *Legionella*, *Chlamydia*, *Mycobacterium*, and others are on the rise, and there is no doubt about the need for newer, more potent agents to manage the infections they cause. "The advanced macrolides will make it possible to treat patients with infection due to atypical pathogens, which are now estimated to cause 30% of respiratory infections in the United States," he said.

Opportunistic infections in AIDS patients also was a focus of this year's congress. According to Dr. Adam, *Pneumocystis carinii* pneumonia, atypical mycobacterial pathogens, tuberculosis, fungal infections, toxoplasmosis, and cryptosporidiosis continue to plague efforts to treat AIDS patients.

Institut Merieux and Merck & Co. to Create Research and Marketing Partnership for Childhood Vaccines in the United States

In June 1991, Merck & Co., Inc. and Institut Merieux signed a letter of intent to collaborate on the development and marketing of combination vaccines, as well as to promote selected vaccine products in the United States.

The research collaboration will enable the companies to pool their resources to expedite the development of vaccines that combine a number of different antigens to protect children against a variety of diseases, such as *Haemophilus influenzae* type b, hepatitis B, diphtheria, tetanus, pertussis, and poliomyelitis. This could help achieve higher immunization rates and have a favorable impact on the overall cost of pediatric immunizations.

In addition, the companies will address another public health concern: the need for improved access to vaccines through enhanced awareness and distribution. To that end, they have agreed to promote a number of each other's vaccine products.

Prevention of disease through immunization is clearly preferable to the costs of disease and treatment, the companies said. The letter of intent states that as soon as practical, the parties will discuss the possibility of expanding the collaboration to Canada, some European countries, and other markets.

The proposed agreement is subject to regulatory reviews.

WHO Announces Global Plan for Cholera Control

An epidemic of cholera is sweeping through parts of Latin America, especially among the urban and rural poor. Between 90 million and 120 million people are at risk.

Until January 1991, this disease was virtually unknown in the Americas, with only a few imported cases reported in the United States. This year alone, the New Jersey State Health Department has reported eight confirmed cases in that state that were linked to crab meat brought into the United States from Ecuador. Another confirmed case in Georgia was linked to an American physician who attended a conference in Lima, Peru. The Centers for Disease Control is investigating other cases in Miami, where two individuals were hospitalized with cholera symptoms after visiting Ecuador and Peru, respectively.

Given the situation created by the cholera epidemic in Latin America, in certain African countries, and, as a result of the Gulf War, in the Mideastern Persian Gulf region, Hiroshi Nakajima, MD, Director-General of the World Health Organization (WHO), has formed a global cholera control task force in Geneva, Switzerland, to coordinate WHO's global action regarding cholera control.

The task force will be made up of experts from WHO in disease surveillance, case management, water and sanitation, food safety, emergency intervention, and information and education.

"Today an emergency situation exists," said Dr. Nakajima. "We have seen the rapid eruption of cholera within a very short period of time. The death toll from this preventable and treatable scourge—especially among children—is a tragedy unfolding before our eyes. Unfortunately, continued spread of the disease appears inevitable in areas lacking the needed social and sanitary infrastructure. Our challenge is to prevent deaths in the short-run while supporting development in the long-run. The new task force will be addressing these challenges."

As of mid-April 1991, WHO had received reports of over 177,000 new cases of cholera in 12 countries. Five of these countries—Brazil, Chile, Columbia, Ecuador, and Peru—account for 78% of the total number of cases and over 1,200 deaths. This is the first time in this century that cholera has been reported from Latin America, although outbreaks were known to have occurred previously. The number of new cases of cholera for the first four months of

1991 nearly equaled the worldwide number of cases—178,111 during all of 1971—when a previous cholera pandemic was at its peak in Africa and Asia.

Although WHO is moving to attack this latest outbreak of cholera, it cannot meet the challenge alone. Thus, Dr. Nakajima is appealing to the international community to provide urgent support for cholera control, including the rehabilitation and reconstruction of the social infrastructure, especially in Peru and other countries at high risk. WHO is in the process of preparing a coordinated global plan of action. The cost of implementing this plan is being estimated.

"In Peru alone, it will cost almost \$60 million (US) during the next year to meet the most immediate demands of rehabilitation and reconstruction," Dr. Nakajima said. "If the epidemic continues to spread, as we expect it will, the overall cost of combating it will dwarf that figure. Preventive action now will reduce these costs: action that we are now promoting as part of a worldwide war on cholera."

WHO experts estimate that ensuring safe water supplies and sanitation in Latin America could require a total capital investment of approximately \$5 billion (US) a year over the next ten years. In addition, WHO estimates that the recent outbreak of cholera could cost the impoverished economy of Peru up to \$1 billion (US) in 1991 in reduced economic activity, losses in the fishing, agricultural, and tourism sectors, unemployment, reduction of exports, and general health system costs.

The link between outbreaks of cholera and the breakdown of sanitation, water supply, and safe food systems clearly is apparent in the current outbreak afflicting Latin America. People living in urban slums in some countries are at greatest risk, not only because they lack adequate water supply and sanitation, but because they are poorly educated, live in crowded conditions, have little access to medical and health services, and are poorly nourished. In rural and mountainous areas, lack of safe water and sanitation as well as low levels of education and access to medical health services can create a higher level of risk.

It is for these reasons that the WHO task force will develop strategies and plans based on a broad approach that calls on a range of activities and capabilities of WHO. These will involve intensified disease surveillance, a coordinated program for improved case management, rapid intervention to improve access to safe water and sanitation, and information and education programs. In addition, WHO intends to mount a global information and education campaign to ensure that correct, potentially life-saving information about cholera is disseminated to the public.