Setting the Record Straight About ‘Monster Bugs’

A charge made during a recent meeting in Chicago of the American Association for the Advancement of Science that “strains of monster bugs” resulted from use of DDT during malaria campaigns has been rebutted by WHO.

Where resistance to insecticides developed “this was mainly due to their widespread use in agriculture—in areas where there was intensive agricultural exploitation, involving aerial spraying of crops—and not to the limited amount used in malaria control operations”, says Dr Håkan Hellberg, until recently Director of WHO’s Division of Public Information and Education for Health.

WHO launched a worldwide malaria eradication programme in the mid-1950s on the basis of successes achieved in Europe, the southern United States, and areas of a number of tropical countries.

By 1968 the number of people living in areas free of malaria increased from an estimated 316 million to 997 million, and mortality declined from 2.5 million to under one million yearly. In India alone, the death rate dropped from 76,000 to 16,000—probably the single most significant indication of the programme’s success.

“Hopes were high that malaria could be conquered before resistance appeared,” Dr Hellberg says, “hopes which, with hindsight, are easy to criticize.”

The criticism of WHO’s malaria programme led to a story in the International Herald Tribune, headed, “Misuse of Insecticides Creating ‘Monster Bugs’.” In a reference to a statement that “WHO had given up” the programme in 1976, Dr Hellberg said:

“WHO has not abandoned its malaria programme but its approach has changed. WHO supports a three-pronged approach: the judicious use of suitable insecticides, biological control of disease-carrying insects, and general improvement of the environment.”

It also supports research to find “new and better insecticides and drugs, as well as a malaria vaccine.”

Smoke-Free Work Sites Growing World-wide

The impetus to ban, or to curb, smoking at work sites and public places, is picking up momentum—in the United States particularly, but elsewhere as well. Among recent developments:

- **United States.** The Federal Government, the employer of 2.3 million people, has ordered all departments to provide a “reasonably smoke-free environment” on the job, in essence decreeing that smoking is now forbidden everywhere except where it is expressly permitted.
- **New York State.** It has passed laws—considered the toughest in the country—against public smoking in such places as “indoor arenas, schools and auditoriums, club houses and court houses, gymnasiums, health clubs, rest rooms, stores, banks, hospitals and movie theatres”, according to the New York Times.
- **In banning smoking,** the prestigious Mayo Clinic in Rochester, Minnesota has told its 14,000 workers that “to permit smoking would be inconsistent with our leadership role in health”.
- **And, at a new community hospital opened recently in Wentzville, Missouri, smokers need not apply for employment, the management said.**

- **Australia.** 1 March 1988 has been designated as the target date for smoke-free offices throughout the government.
- **Belgium.** King Baudouin has signed into law a ban on smoking in most enclosed public places—such as schools, hospitals, rest homes, railroad stations and cultural and sports centres—effective from 1 September 1987. The law provides for fines of up to 18,000 Belgian francs ($480) for violators.
- **Peru.** The country has banned smoking, as from December 1986, in all offices of the Ministry of Health.
- **Singapore.** The country has not only banned smoking in public places but also in private offices that share a common air-conditioning system with other offices.
- **Now it has launched a campaign aimed at making Singapore “a nation of non-smokers” based on television spots aimed at overcoming the public’s shyness about complaining about smoking, and on a campaign song that says: “Hey there, Singapore, its time to clear the air, Come on all you smokers, show us that you care.” We know that its a problem and quitting can be tough, But we are sick of the smoke and we think you’ve had enough.”
- **United Nations.** WHO became the first of the UN specialized agencies to ban smoking, doing so beginning from 7 April, World Health Day. UNICEF is expected to follow. The UN administration in New York is carrying out a staff survey as a prerequisite to action. In the United Nations, as well as in the UN Development Programme, smoking is already prohibited in small conference rooms, and is discouraged in larger ones.

Biotechnology Era Of Vaccines Seen By Year 2000

A new era of vaccines based on advances in biotechnological techniques will be ushered in by the Year 2000, predicts a group of leading scientists who met recently in Geneva to assess developments under the theme “Immunization: New Horizons”.

So much progress has been made says Dr Kenneth S. Warren, Director of Health Sciences, Rockefeller Foundation, that these vaccines are likely to render antibiotics obsolete.

“IT is my belief,” he adds “that oral rehydration—that remarkable and relatively new tool for the treatment of diarrhoea”—will be rarely used at the turn of the century. Even family planning will be aided by vaccines.”

Among prospects are two vaccines against malaria, one genetically engineered, and the other synthetic, as a result of work in Australia and Sweden, which are “about to undergo their first testing in man”; as well as vaccines against schistosomiasis, or snail fever; against leprosy, now being tested in Venezuela; and against hepatitis B.

Although hepatitis B vaccines, based on techniques of genetic engineering, are being produced by “at least seven different manufacturers,” he says, “a cheaper technique for producing the vaccine on plasma has been developed by the New York Blood Center. It is being made in Korea at a cost of approximately $1 a dose”.

According to another participant, Dr Ralph Henderson, Director of WHO’s Expanded Programme on Immunization: “Progress in biotechnology makes it certain we will get improved vaccines for six children’s diseases—measles, tetanus, whooping cough, polio, diphtheria, and tuberculosis.” While saying that “we would certainly welcome vaccines that cause fewer side effects, that are less sensitive to heat, and that can be used with only one dose, and be given any time from birth,” the task today, he warned, is “to immunize with the ‘old’ vaccines and thus protect children.

“We need to complete this task without delay,” he states, “for each day that passes condemns more than 9,000 children to needless death.”
WHO Found IUDs ‘Safe, Effective, And Reliable’

Intruterine devices are “safe, effective and reliable” as a method of contraception, according to a group of experts from 13 countries. Meeting recently under the auspices of WHO to evaluate that method of contraception, they add, however, that “careful patient selection is essential for IUD use.”

Copper T 220 – C

Photo WHO

IUDs: The choice of 60 million women.

Developed about three decades ago, IUDs are estimated today to be the choice of contraception for over 60 million women throughout the world. However, lawsuits have been taken out against manufacturers, notably in the United States because IUD use has been linked to an increased risk of pelvic inflammatory disease, and to infertility.

Two manufacturers have, as a result, discontinued production of IUDs, which in turn has “triggered off a worldwide chain reaction of concern”, the experts say.

However, “the risk of pelvic inflammatory diseases from IUD use is much lower than that was previously thought”, is “over-estimated,” and “is apparently limited to the first four months after the insertion of the device,” they add.

While noting “with regret”, the withdrawal of the Lippes Loop, Copper 7, and Copper T 200—despite approval of use by the US Food and Drug Administration—from the US market, the experts point out that new copper devices—such as TCu220C, TCu380A, and Nova T—are proving to be significantly better in preventing pregnancy than the earlier copper devices.

In addition, “the effective life of the new copper devices is at least five years, and thus they can be safely left in place,” they state.

Newsbriefs

- AIDS and a Smallpox Connection. Following a story carried 11 May in the Times of London stating that “the AIDS epidemic may have been triggered by the mass vaccination campaign which eradicated smallpox,” this response from Dr. Jonathan Mann, Director of WHO’s programme on AIDS: “The only result we know of from the smallpox eradication programme was the eradication of smallpox itself...

In Asia, where hundreds of millions of smallpox vaccinations were given from 1967 to 1972, AIDS remains rare. Conversely, the United States is experiencing a major AIDS epidemic, yet smallpox was eradicated there many years ago (in the early 1950s).

As many doses of smallpox vaccine were given in west Africa as in central Africa, yet AIDS is less common in west than in central Africa.”

- Calendar. Of more than usual noteworthiness, the 6th World Conference on Smoking and Health, from 9 to 12 November in Tokyo.

Among items on the agenda: smoking and women, smoking and children, passive smoking, and the economics of smoking.

The Japan Heart Foundation, the Japan Anti-Tuberculosis Association, the Japan Cancer Society, and the Japan Health Promotion and Fitness Foundation are represented on the conference’s organizing committee.

For more information, write: Japan Convention Services, Inc, Nippon Press Center Bldg., 2-2-1 Uchisaiwai-cho, Chiyoda-ku, Tokyo, 100.

- “Inequity—a Sin”. This excerpt from an address by Dr. Halfdan Mahler, WHO’s Director-General, delivered at the 1st International Conference on the Ethical and Moral Problems of Pharmacotherapy held at the Vatican City:

“The gap between ‘health have’ and ‘health have-nots’ can be summed up in one word—inequity. Need I remind you that the word closely resembles iniquity—a sin. Mere repentance by the world at large will not help. Action is required.”

- Invitations to Research. WHO is seeking proposals for research in these two areas of human reproduction: (1) the regulation of male fertility, and (2) the natural regulation of fertility. Being offered for the former are initial grants up to $10,000, and for the latter, up to $20,000.

Submissions, including a provisional budget, should be a page in length and sent to WHO’s Special Programme of Research, Development and Research Training in Human Reproduction, Geneva.

- Like Father, Not Like Son. An heir to the fortune that tobacco built has divested himself of all stock in the family business while calling for a smoke-free US society by the Year 2000.

“When my grandfather began manufacturing cigarettes at the turn of the century, he did not know that smoking causes lung disease, heart disease and cancer,” Patrick Reynolds told an interviewer from the New York Times. “Now that this has been absolutely proven, I want to help people wake up to how poisonous cigarettes are.”

Ironically, R.J. Reynolds, Sr., founder of the tobacco company that bears his name, shunned cigarettes—“He sold them, but would not smoke them,” his grandson says—but his son, R.J. Reynolds, Jr., was a heavy smoker who developed emphysema, and died at age 58.

Grandson Patrick quit after years of struggle. “It was a real battle, and I know how hard it is to stop,” he says of the habit picked up as an unsuspecting teenager.

In the next issue

The October issue of World Health will be devoted to different aspects of the work of WHO and its collaborators in the health field throughout North, Central and South America—the Region of the Americas.