

Public health round-up

Tracking a novel coronavirus

WHO is working with its partners to assess the risks to public health posed by a new virus strain from the same family as the virus that causes severe acute respiratory syndrome (SARS) and viruses that cause the common cold.

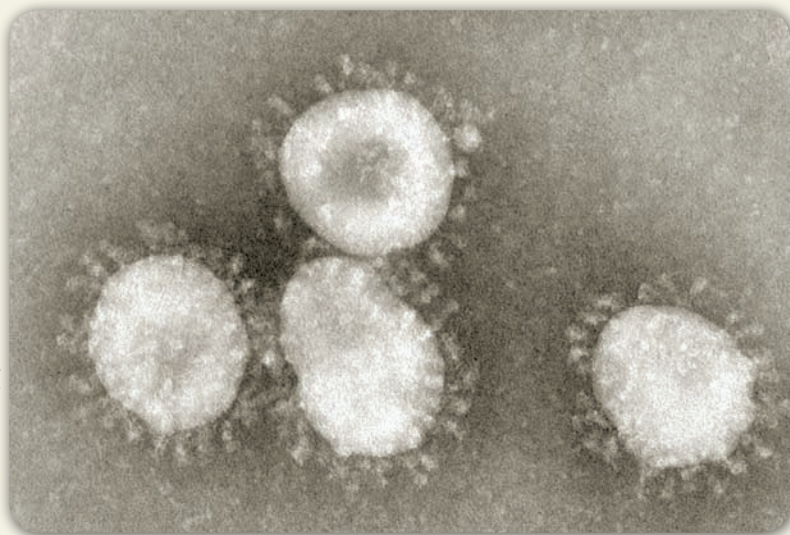
The new strain, unnamed so far but referred to as the “novel coronavirus”, has been detected in two previously healthy adults. One was a 60-year-old man, who was admitted to hospital in Saudi Arabia in June and who later died. The other was a 49-year-old man from Qatar, who was evacuated to the United Kingdom of Great Britain and Northern Ireland for intensive care treatment in September.

Both had severe lung infection and multiple organ damage. There is no sign that those in close contact with the men, including health workers, have been infected.

“We haven’t seen any evidence that the virus can be spread from person to person, however, the source of the virus is still unknown,” said Medical Officer Anthony Mounts, leading the World Health Organization (WHO) epidemiological team helping to support the governments of Saudi Arabia and Qatar in their field investigations last month.

“Both men had renal failure but it appears that in at least one case, for which we have good clinical data, the renal failure was secondary to sepsis and not a primary effect of the virus itself,” Mounts said.

“If our initial investigations indicate that there is no human-to-human transmission, that few if any unrecognized cases have occurred previously in humans – indicating that this is an uncommon occurrence – and that there are no new cases, then this virus becomes one of academic interest,” Mounts said.



CDC/Fred Murphy

Coronaviruses, named after their crown-like shape, viewed under a microscope

GM mosquitoes

A draft guidance document on the testing of genetically modified (GM) mosquitoes for the control of malaria and dengue is being posted online for comments.

Anyone can provide written comments during the consultation period which runs until 7 January 2013 and is the final stage in the development of the long-awaited document.

The document, entitled *Guidance Framework for Testing of Genetically*

Modified Mosquitoes, is designed to help countries develop national regulations on the potential use of GM mosquitoes for public health purposes.

Testing the efficacy and safety of the use of GM mosquitoes for disease control is vital for gauging the success of this new technology and for generating the scientific evidence needed for making decisions about its future use.

So far, trials of GM mosquitoes have been conducted in enclosed spaces, such as cages made of dense netting material, and limited field trials. Once the guidance document has been finalized and published, it will help those planning and conducting all phases of testing.

“The guide sets standards for assessing the safety and efficacy of GM mosquitoes and addresses the legal, ethical, social, cultural and regulatory issues that arise during their development and deployment,” said Dr Yeya Touré, team leader in the Vectors, Environment and Society unit at TDR, the Special Programme for Research and Training in Tropical Diseases.

“If countries do not take a standard approach to the deployment of GM mosquitoes, the results of different trials in different countries will not be comparable and, ultimately, any conclusions reached may not be credible,” Touré said. “This is also vital for public trust.”

The public consultation follows a series of consultations with health experts and governments in developing and developed countries, as well as experts from other fields including molecular biology, ecology, regulatory requirements, and ethical, social and cultural issues.

The guidance document has been developed by TDR and the Foundation for the National Institutes of Health, in collaboration with many experts worldwide.

http://www.who.int/tdr/publications/mosquitoes_guidance

35 years of WHO list

WHO has released the latest WHO Model List of Essential Medicines that countries use to develop national lists for adults and children.

It is based on the latest scientific evidence on the efficacy, safety and cost-effectiveness of medicines and updated

Yellow for malnutrition



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A health worker uses an armband to measure the circumference of this boy's arm in the Sila region of eastern Chad. The yellow on the armband indicates that the child is malnourished. About one third of deaths among children under five years are linked to malnutrition. While child survival has improved in recent years, it has not improved enough to attain Millennium Development Goal 4 of reducing the global under-five mortality rate by two-thirds between 1990 and 2015. According to the annual report of the United Nations Inter-agency Group for Child Mortality Estimation, 6.9 million children died before their fifth birthday in 2011, compared with 12 million in 1990.

every two years. The first list was published in 1977.

“Essential medicines should be available in the context of functioning health systems at all times in adequate amounts, in the appropriate dosage forms, with assured quality and adequate information, and at a price the individual and the community can afford,” said Dr Krisantha Weerasuriya, secretary of the Expert Committee on Selection and Use of Essential Medicines at WHO.

“The list is based on principles similar to those employed in health technology assessment, which many health-care services are using today to decide whether a policy, treatment or technology being recommended is cost-effective and should be covered by national health insurance schemes,” he said.

Over the past 35 years the list has led to global acceptance of the concept of “essential medicines” – one that was introduced by WHO in the 1970s – as a powerful means to improve access to medicines and, more recently, to support

countries moving towards universal coverage of health-care services.

Health authorities can use the list as a basis for their own national lists to improve health care and optimize pharmaceutical spending. In many countries, the WHO list forms the basis of national medicine policy.

“People are often keen to know how many items there are on the list. There are 359 medicines and the vast majority contain only one active substance, but a few contain two or more,” said Weerasuriya.

The updated list is based on the review of the Expert Committee on Selection and Use of Essential Medicines which, among its many decisions published this year, approved the addition of 16 new medicines, the deletion of 13 medicines and new indications for four medicines already listed.

Guide for suicide prevention

Suicide is largely preventable and yet it is predicted that it will contribute more

than 2% to the global burden of disease by the year 2020. Every year almost one million people die by suicide around the world.

WHO has released a guide that governments can use to develop and implement national suicide prevention strategies. The guide, entitled *Public health action for the prevention of suicide*, identifies the critical elements of a national suicide prevention strategy. These include identifying the key people who should be involved in suicide prevention, undertaking a situation analysis, assessing available resources and taking steps to increase awareness and reduce stigma attached to the mental health problems associated with suicide.

http://www.who.int/mental_health/publications/prevention_suicide_2012 ■

Looking ahead

31 October–3 November. Second Global Symposium on Health Systems Research in Beijing, China
<http://www.who.int/alliance-hpsr/hsr-symposium>

12 November: World Pneumonia Day
<http://worldpneumoniaday.org>

14 November: World Diabetes Day
http://www.who.int/mediacentre/events/annual/world_diabetes_day

16 November: World Chronic Obstructive Pulmonary Disease Day
http://www.who.int/mediacentre/events/annual/world_copd_day

26 November–7 December: climate change conference in Doha, Qatar
The 18th session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (UNFCCC) and the 8th session of the Conference of the Parties serving as the Meeting of the Parties to the Kyoto Protocol

1 December: World AIDS Day <http://www.worldaidsday.org>

3 December: International Day of Persons with Disabilities http://www.who.int/mediacentre/events/annual/day_disabilities

10 December: Human Rights Day
http://www.who.int/mediacentre/events/annual/human_rights_day

21–29 January 2013: WHO Executive Board http://apps.who.int/gb/e_e_eb132.html

30 January 2013: World Leprosy Day
<http://www.who.int/topics/leprosy>