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Dr. Edward J. Sondik New NCHS Director

Edward J. Sondik, PhD, is the newly appointed Director of the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention. At NCHS, Dr. Sondik will direct a program of statistical and information systems which guide actions and policies to improve the health of the American people. NCHS is the Federal government's principal vital and health statistics agency, established almost forty years ago to monitor the nation's health.

In his position as NCHS Director, Dr. Sondik will also serve as senior advisor to the Secretary of Health and Human Services on health statistics. He will provide the Secretary with technical and policy advice on statistical and health information issues and will serve on the HHS Data Council. This new council will oversee the development of efficient data collection strategies that enhance the analytical capabilities of HHS. In announcing Dr. Sondik's appointment, HHS Secretary Donna E. Shalala said, "to get where we're going, we have to know where we've been. Dr. Sondik, NCHS, and the new Data Council will help us develop the blueprints for a healthier America." Secretary Shalala has charged the Council with developing a department-wide data collection strategy, including coordination of surveys and oversight of survey and general statistical analysis.

Dr. Sondik joins NCHS after a 20-year career at the National Institutes of Health. He began his NIH career as Chief, Program Analysis and Evaluation Branch at the National Heart, Lung and Blood Institute, before moving to the National Cancer Institute in 1982. At NCI, he served as Associate Director of the Surveillance Program and was then appointed Deputy Director, Division of Cancer Prevention and Control, in 1989. Most recently he served as Acting Director of NCI. He is a native of Connecticut and received his BS and MS degrees in Electrical Engineering from the University of Connecticut and his PhD in Electrical Engineering from Stanford University.

Asthma Awareness Day: Planning Guide Issued

The National Institute of Allergy and Infectious Diseases (NIAID) announced the availability of *Asthma Awareness Day: A Planning Guide*, a kit designed to encourage people to organize asthma awareness events in their communities. These events can help teach children and their families how to take control and manage asthma more effectively, thereby reducing the number of asthma-related hospitalizations and deaths.

Asthma is a serious respiratory disorder that affects an estimated 10 to 15 million people, 4 million of whom are children. Asthma claims more than 5000 lives in the United States each year. Despite advances in treatment and preventive care, asthma is on the rise.

The statistics are particularly grim

in urban minority communities in the United States. The prevalence and severity of asthma are higher among African Americans and Hispanics than among whites. African Americans are two to three times as likely as whites to die from asthma. Very young African American children with asthma have more than twice the rate of hospitalization as white children.

Asthma Awareness Day: A Planning Guide provides detailed instructions about working with other members of the community to plan an Asthma Awareness Day. The event is designed for all children who have asthma. However, since asthma has the greatest impact on inner-city African American and Hispanic children living in urban areas, the guide includes information about how to reach these audiences.

For a copy of the guide, please write to Asthma Planning Guide, NIAID (31/7A50), 31 Center Drive, MSC 2520, Bethesda, MD 20892-2520, or call 301-496-5717.

OTA's Final Legacy: A CD-ROM Collection of Reports

The congressional Office of Technology Assessment (OTA) that formally closed its doors in the fall of 1995, has delivered its final legacy to the Congress in the form of a CD-ROM collection of all 755 research reports prepared over the agency's 23-year history.

The reports span the science and technology-related subjects covered by OTA over the years—defense, space, energy, environment, education, transportation, health, agriculture, telecommunications, and advanced materials. The collection contains more than 100,000 pages of full text and graphics.

The collection is fully indexed and stored in the portable document format (PDF), readable using Adobe's Acrobat reader software which is also packaged with the collection and is compatible with Windows, Apple, DOS, and Unix platforms.

OTA's CD-ROM collection is available from the Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7974; tel. 202-512-1800; fax 202-512-2250. The Government Printing Office stock number is S/N 052-003-01457-2 and the price is $23 per copy.

FDA Shortened Drug Approval Time in 1995

The Food and Drug Administration's (FDA) approval of 85 new drugs and biological products in 1995 was highlighted by the continuing decline in median drug approval times, the surpassing of all 1995 goals of the user-fee program, and the approval of seven drugs for AIDS and other life-threatening diseases in six months or less. One of these new products, saguinavir, was approved in 97 days.

The greatest gains were achieved in the number and speed of drug approvals. The agency approved for marketing 82 drugs—a 32% increase over the 62 drugs approved in 1994—in the median time of 16.5 months, 13% below the 19 months required for approvals in 1994.

Two new vaccines and one new therapeutic biological product were among the 12 major biologics approvals last year that were completed in the median time of 17.6 months.

Twenty-eight of the drugs approved last year—six more than in 1994—were new molecular entities (NMEs), products containing an active substance that had never before been approved for marketing in any form in the United States.

Fifteen drug products—nine of them NMEs—were in the priority category reserved for medications that are expected to have important therapeutic value. The median approval time for these products last year was only six months, down sharply from 15 months in 1994. All but two of the 15 priority approvals were for drugs submitted under the user-fee program. Their median approval time was 5.9 months.

In addition to saguinavir (the first new drug in the protease inhibitor class for the treatment of advanced HIV infection), noteworthy drug approvals last year included mycophenolate mofetil for the prevention of renal allograft rejection; alendronate sodium for the treatment of osteoporosis in postmenopausal women and of Paget's disease of the bone; lamivudine, or 3TC, for use in combination with AZT in treating AIDS and HIV infection; and riluzole, the first drug for the treatment of Lou Gehrig's disease.

Major biological approvals included the first vaccine to prevent hepatitis A; live varicella virus vaccine for the prevention of chicken pox; Rho (D) Immune Globulin Intravenous (Human) to suppress Rho(D) sensitization of Rh negative pregnant women and to treat ITP, an uncommon immune bleeding disorder; and the first irradiated blood product for transfusion.

Kellogg to Support Community Health Professions Education

The W.K. Kellogg Foundation has awarded six institutions or consortia of institutions $1.8 million each as part of a new initiative to support community-based health professions education.

The Graduate Medical and Nursing Education (GMNE) Initiative will assist institutions in developing out-of-hospital, multidisciplinary, commu-

nity-linked approaches to the education of medical and nursing specialists.

The purpose of these models is to increase the number of suitably-prepared health care practitioners who provide primary care. Each of the six recipients are contributing additional matching finds of at least $1.8 million in support of the initiative.

The following six projects were selected from a pool of 54 applicants:

- The Center for Community Health Education, Research, and Service, Boston, with Northeastern University, the City of Boston's Department of Health and Hospitals, Boston University School of Medicine, and several of Boston's community health centers.
- The Washington DC Regional Academic and Community Consortium—George Washington University and Hospitals, George Mason University, Clinica Del Pueblo, Mary's Center, Bread for the City and Zacchaeus; and the Mason area of Fairfax County. Also included are the Inova Health System, Fairfax Family Practice Center, and the Fairfax County Health Department.
- The University of Minnesota Academic Health Center, Minneapolis, and the Phillips Neighborhood of Minneapolis.
- The University of New Mexico Health Sciences Center, Albuquerque, the New Mexico Department of Health, and three New Mexico communities.
- East Tennessee State University and regional networks in eastern Tennessee.
- Texas Tech University Health Sciences Center, El Paso, the Institute for Border Community Health Education (and its related communities), and the University of Texas at El Paso.

Kellogg has committed $14.75 million to the national effort.

The East Tennessee, Boston, and El Paso projects will receive additional funds for a graduate education continuum built onto their undergraduate components.

The six GMNE models were selected to foster the preparation of health professionals more interested in, and suited for, practicing primary care in multidisciplinary teams in communities.

Each project will prepare, at a minimum, graduate physicians and advanced nurse practitioners who are specializing in primary care through a multidisciplinary team approach in the communities. This strategy represents a departure from the traditional health professions education that occurs primarily in large teaching hospitals, with very sick patients.

New Health Care System Can be Built on Expanded Primary Care

Fundamental changes are needed to improve and expand primary health care in the United States to address the many challenges facing the nation's health care system, says an Institute of Medicine committee.

Its report, *Primary Care: America's Health in a New Era*, makes recommendations aimed at providing all Americans with primary care services that respond to patients' needs while constraining health care costs. The report also details a plan for creating a well-trained, primary care work force that will increase access to high quality health care.

Primary care is redefined by the committee as "the provision of integrated, accessible, health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of the family and the community." This new definition stresses the importance of the patient and family, the community, the relationship between patient and primary care clinician, and the integration of services.

Determining who is a primary care clinician within the parameters of today's health care system is difficult, the report says. As a reference, the committee looked at how clinicians are trained today and what they do in their practices. For the purposes of its study, the committee agreed that those trained in family medicine, general internal medicine, and general pediatrics including many nurse practitioners and physician assistants are most likely to practice primary care.

The committee firmly concluded that a primary care system and universal coverage must go hand-in-hand if the nation is to close the gaps in health care coverage for rural areas, inner cities, the chronically ill, and the elderly. The committee also said that a moderate shortage of primary care clinicians—physicians, nurse practitioners, and physician assistants—should disappear soon, thanks to training efforts already in place to increase their numbers.

To move the nation into a new era of health care, the major changes needed range from adopting a new definition of primary care as the basis for improving health care delivery to tailoring education and training for primary care practice. The committee's detailed strategy includes the following recommendations:

- Establish a set of common proficiencies in primary care practice for all trainees regardless of the discipline that include periodic health examinations for patients; screening for early disease detection; evaluation and management

of acute illness; assessment of patients and referral as appropriate; ongoing management of patients who have chronic diseases; coordination of care among specialists; and the provision of short- and long-term care in hospital settings. These competencies would be identified by a coalition of educational, professional, and accrediting bodies, to guide the education and training of practitioners.

- Adopt uniform methods and measures to monitor the performance of health care systems and individual clinicians in delivering primary care that would address cost, quality, access, as well as patient and clinician satisfaction and the results should be made public.
- Obtain support from all public and private health care payers for education and training in health professions; also reallocate Medicare funds used for graduate medical education to provide explicit support for primary care training in such non-hospital settings as health maintenance organizations, community clinics, and extended-care facilities.
- Use payment methods that promote primary care to reimburse physicians and other health care providers, including a fixed payment per person for services provided to those enrolled in a health care plan, a method known as capitation. When fee-for-service reimbursement is used, primary care physicians should be paid more to reflect better the value of their services.
- Stimulate action by state governments to eliminate or reduce restrictions that prevent collaborative practice with nurse practitioners and physician assistants in providing primary care services.
- Establish a primary care research infrastructure that would include a lead Federal agency, data collection standards and a national data base, and research networks of primary care practices for studying the health care and health status of patients in "real-world" settings.

Creation of a nonprofit consortium of professional societies, private foundations, government agencies, health care organizations, and representatives of the public was called for by the committee to coordinate efforts for promoting and enhancing primary care. The consortium would conduct research and development, provide technical assistance, and disseminate information on subjects such as primary care infrastructure, innovative models of primary care, and performance monitoring methods.

The study was funded partially by the Health Resources and Services Administration and Agency for Health Care Policy and Research of the Public Health Service.

Copies of Primary Care: America's Health in a New Era *are available in two volumes from the National Academy Press, 2101 Constitution Ave., NW, Washington, DC 20418; tel. 202-334-3313 or 1-800-624-6242; $49 prepaid plus $4 shipping for the first copy and 50 cents for each additional copy.*

TB Deaths Reach Historic Levels

More people died from tuberculosis (TB) in 1995 than in any other year in history, according to a report by the World Health Organization (WHO).

According to WHO, nearly three million people died from TB in 1995, surpassing the worst years of the epidemic around 1900, when an estimated 2.1 million people died annually.

WHO warned that the crisis will continue to grow unless immediate action is taken. At current rates, up to 500 million people could become sick with TB in the next 50 years. Increasingly, these people may become sick with often-incurable multidrug-resistant TB.

According to the WHO report, entitled *Groups at Risk*, TB has increasingly assailed all segments of society. It is now the leading infectious killer of youth and adults. It has become the principal killer of HIV-positive people, and kills more women than all causes of maternal mortality combined. Nearly half of the world's refugees may be infected with TB.

TB has returned with a vengeance to wealthy countries, as increased air travel and migration have helped transport the disease throughout the world. Multidrug-resistant TB, which has cost New York City hundreds of millions of dollars to fight, has now been reported in London, Milan, Paris, Atlanta, Chicago, and cities throughout the developing world. In particular, the number of multidrug-resistant cases in Asia are expected to increase rapidly, unless TB control efforts are strengthened.

NIDR Awards Grants for Minority Oral Health

The National Institute of Dental Research (NIDR) has announced the award of four grants to support Regional Research Centers in Minority Oral Health.

The centers will conduct research on oral diseases and conditions prevalent among minority populations and provide career development opportunities for minority investigators. Together with supplemental funding from the National Center for Research

Resources, the program will provide approximately $3 million per year for the 5-year period of funding.

Each of the new Regional Research Centers represents a partnership either between a minority dental school or one that serves a large minority population and one that has proved expertise in the design and conduct of biomedical and behavioral oral health.

The four recipients of the awards are:

- University of Medicine and Dentistry of New Jersey and the University of Connecticut School of Dental Medicine, which have allied to form the Northeastern Minority Oral Health Research Center;
- University of California at Los Angeles (UCLA) School of Dentistry and the Charles R. Drew University of Medicine and Science;
- New York University College of Dentistry and Forsyth Dental Center, which have allied to form the Northeast Regional Center for Minority Oral Health; and
- Meharry Medical College and the University of Alabama in Birmingham.

Meharry College and the Charles R. Drew University of Medicine and Science are receiving support for career development opportunities for minority faculty through the Research Centers and Minority Institutions Program that is sponsored by the National Center for Research Resources.

Social Workers Say Children, Communities Can Stop Hate Crime

The best way to fight the rise in hate crimes and the violence associated with them is to involve the whole community and its children, the nation's social workers say.

The National Association of Social Workers (NASW) has developed a poster-brochure that teaches junior high school aged children that name-calling, ridiculing others, and graffiti can foster hate and resentment that often escalate into hate crimes.

This year's theme, "Hate Crimes, Not in My Life, No Way" is aimed primarily at junior high school aged children and is designed to lead them to an understanding of the way seemingly harmless actions—hate-motivated graffiti, name-calling, ridicule—are not only deeply hurtful to their intended targets, but also can create a climate conducive to hate crimes.

NASW already has produced and distributed two poster brochures "100 Things You Can Do to Stop Violence," aimed at adults and older youth, and "Stopping Violence Starts with Me," directed at elementary school children.

Anxiety Disorders Lead Mental Ills in United States

Research conducted by National Institute of Mental Health (NIMH) shows that anxiety disorders are the most common of all mental illnesses in America: more than 23 million people are affected each year.

Fear, worry, or anxiety in situations when most people would not experience them could indicate an anxiety disorder.

Types of anxiety disorders include:

Panic Disorder—characterized by panic attacks, sudden feelings of terror that strike repeatedly and without warning. Physical symptoms include chest pain, heart palpitations, shortness of breath, dizziness or abdominal stress.

Obsessive-Compulsive Disorder—repeated, intrusive, and unwanted thoughts that cause anxiety, often accompanied by ritualized behavior to relieve this anxiety.

Phobias—extreme and disabling fear of something that poses little or no danger and leads to avoidance of objects or situations.

Specific Phobia—fear of specific objects or situations such as flying, heights, and animals.

Social Phobia—fear of being the focus of attention or scrutiny or of doing something that will be intensely humiliating.

Post-Traumatic Stress Disorder—persistent, frightening thoughts that occur after undergoing a frightening and traumatic event.

Generalized Anxiety Disorder—chronic or exaggerated worry and tension; almost always anticipating disaster even though nothing seems to provoke it. Worrying is often accompanied by physical symptoms, like trembling. muscle tension, headache and nausea.

Effective treatment of anxiety disorders involves medication, specific forms of psychotherapy known as behavioral therapy and cognitive-behavioral therapy, or a combination of these. Without treatment, anxiety disorders can be extremely disabling and disrupt family, work and social relationships.

NIMH conducts an educational outreach program to raise awareness about the symptoms and treatments of panic disorder and other anxiety disorders among the public and health care professionals.

The education campaign focuses on forming partnerships and coordinating efforts with professional and voluntary organizations, producing print and broadcast public service announcements and publications, developing worksite education pro-

grams, conducting national and local media outreach, and educating health maintenance organizations and business leaders about these disorders.

Free information about anxiety disorders can be obtained by writing NIMH, Room 7C-02 Parklawn Bldg., 5600 Fishers Lane, Rockville, MD 20857; tel. 1-800-64-PANIC (1-800-647-2642).

New Report Examines Pesticides' Effects on Immune System

Although some pesticides have been restricted or banned because they pose risks of cancer, birth defects, or neurological damage, little attention has so far been given to what may be their greatest health risk: impairment of human and animal immune systems.

According to *Pesticides and the Immune System: The Public Health Risks*, by Robert Repetto and Sanjay S. Baliga, there is considerable evidence that widely used pesticides may suppress immune responses to bacteria, viruses, parasites, and tumors, making people significantly more vulnerable to disease.

The 100-page paperback report, published by the World Resources Institute of Washington DC, brings together for the first time an extensive body of experimental and epidemiologic research from around the world documenting widely used pesticides' effects on the immune system and the attendant health risks. It points out that pesticide-related health risks are much more serious than generally known, especially in developing countries where exposure is widespread and infectious diseases take a heavy toll.

The authors claim that steps now underway to resolve this issue are far from adequate. If pesticides are undermining people's ability to withstand infectious and parasitic diseases—still the world's main causes of death—then pesticide policy should altered, they argue.

Copies of Pesticides and the Immune System: The Public Health Risks *may be obtained for $14.95, plus $3.50 for shipping and handling, prepaid from WRI Publications, P.O. Box 4852, Hampden Station, Baltimore MD 21211; tel. 1-800-822-0504; fax 410-516-6998; e-mail <ChrisD@WRI.ORG>.*

Guide Designed to Safeguard Teenagers at Work

Adults often promote employment for adolescents as a safe, productive activity that provides economic and educational benefits. Yet, even work is not without risk.

Tens of thousands of teens are injured or killed on the job every year, and, although workers of all ages face hazards in their work, a number of factors raise special concerns about youth, including the types of jobs they hold, the inadequacy of child labor laws, the lack of training available to youth, and developmental factors.

Protecting Working Teens: A Public Health Resource Guide is a new publication that can help public health and medical professionals to integrate the prevention of adolescent work injuries into their existing activities.

The Children's Safety Network at Education Development Center, Inc. (EDC) and the Occupational Health Surveillance Program in the Massachusetts Department of Public Health collaborated in producing the 64-page guide.

The guide has two parts—*(a)* an overview of adolescent employment, the scope of the injury problem and its relationship to violations of child labor laws, and the factors that make teen workers different from adults; and *(b)* a description of the resources for those interested in initiating or increasing activity in the area of teen work-injury, including: sources of work-injury data, agencies and organizations involved in the issue, selected readings, and a summary of Federal child labor laws.

Staff members of the Massachusetts Department of Public Health and EDC are also involved in a community effort to raise awareness of teen work injuries. A demonstration project in Brockton, MA, funded by the National Institute for Occupational Safety and Health, involves teachers, employers, community organizations, and teens in the development of ongoing community resources to protect the health of young workers. A how-to guide summarizing the project will be produced in 1997 for other communities who wish to undertake similar efforts.

Copies of Protecting Working Teens: A Public Health Resource Guide *may be obtained for $8 each prepaid from Michelle Stober, Children's Safety Network, EDC, 55 Chapel St., Newton MA 02158; tel. 617-969-7100 ext. 2207.*

APHA Seeks New Executive Director

The American Public Health Association (APHA) Executive Board has appointed a search committee to find a new Executive Director to succeed Fernando M. Trevino who will leave in the fall of 1996 to return to Texas.

During his three-year tenure, APHA has initiated electronic communications, created new collaborative relationships and strengthened many coalition activities, developed a strategic planning process, increased financial revenues, and seen record annual

meeting attendance, according to the Board.

At the conclusion of his duties at APHA, Dr. Trevino will become Professor and Chair of the Department of Public Health and Preventive Medicine and will direct the new MPH degree program at the University of North Texas Health Science Center in Fort Worth.

Respiratory Care Foundation Offers Grants for Research

The American Respiratory Care Foundation (ARCF) awards grants up to $10,000 to individuals and institutions for respiratory research projects in physiology, clinical care, economics, and education.

Grants are awarded on a competitive basis subject to peer review by at least two qualified outside reviewers. The ultimate decision on approval is made by the ARCF Board of Trustees. The review process takes approximately six months. Applications can be submitted any time during the year.

Funds available from endowed research programs consist of a line of credit at the Foundation up to the amount of the award. Awardees submit invoices on a periodic basis against this account. Funds are to be used for supplies, equipment, personnel, and travel as necessary. Funds are not to be used for institutional overhead.

Application forms are available from the ARCF Executive Office, 11030 Ables Lane, Dallas TX 75229-4593.

Johnson Foundation Funds Outstanding Community Leaders

The Robert Wood Johnson Community Health Leadership Program (CHLP) honors ten outstanding persons each year for their work in creating or enhancing health care programs serving communities whose needs have been ignored and unmet. Each leader receives $100,000—a $5000 personal stipend and $95,000 for program enhancement over a three-year period.

CHLP seeks people with the leadership skills to overcome complex obstacles and find creative ways to bring health care services to their communities. All are largely unrecognized and in mid-career, most often with no less than five and no more than 15 years of community health work experience.

The nomination process is open and nominations can be made by consumers, community health leaders, health professionals, and government officials who have been personally inspired by the nominees.

Interested nominators can write CHLP, 30 Winter St., Suite 1005, Boston, MA 02108, for a program brochure and a letter of intent, which must be submitted by Sept. 16, 1996. Final nominations are due by Nov. 12, 1996.

AARP Studies Adult Foster Care for the Elderly

Under contract with the American Association of Retired Persons (AARP), the George Washington University Intergovernmental Health Policy Project conducted a national survey of regulatory and funding strategies for adult foster care. Twenty-six states reported at least some adult foster care programs specifically serving older people.

The study looked closely at the regulatory authority overseeing adult foster care that is defined as a service characterized by small, family-run homes providing room, board, and varying levels of supervision, oversight, and personal care to adults who are unable to care for themselves alone. The programs differ widely from state to state.

Regulatory functions included licensure and certification requirements, inspection schedules, and state criteria for designation as an adult foster care home. Because the population using adult foster care is likely to be physically or mentally vulnerable, the study asked for detailed information on staffing levels and procedures for assistance with medication.

The states also offered observations about emerging trends and issues in adult foster care. A major concern was that funding was insufficient to meet the needs of the growing number of frail residents, thus making aging in place problematic.

Copies of the 161-page Adult Foster Care for the Elderly: A Review of Regulatory and Funding Strategies *are available from Joan Gonda, Consumer Team, Public Policy Institute, AARP, 601 E St., NW, Washington DC 20049; tel. 202-434-2277.*

National Farm Medicine Center to be in Wisconsin

Ground was broken on May 3, 1996, in Marshfield, WI, on a $12 million, 56,000-square foot complex that will house a cadre of human health and safety research entities, including the National Farm Medicine Center.

The Laird Center, named for former Congressman and Defense Secretary Melvin R. Laird of Marshfield, is scheduled to be completed in the summer of 1997.

The director of Marshfield's research division, Dr. Paul Gunderson

said, "The state-of-the-art Laird Center is critical to continuing the threefold mission of the organization to engage in basic and clinical research, to support the broad spectrum of medical education, and to be an active participant in public service initiatives whenever and wherever possible."

Dr. Gunderson cited the 62 million Americans who live in rural areas, and especially the farm and ranch families who provide the nation's food and fiber.

"About one-third of all rural residents live in federally designated health-professional-shortage areas," he said, "making the farm medicine center's work in support of rural caregivers of paramount importance."

The Laird Center, in addition to housing the staff of the National Farm Medicine Center, will also provide a newer, expanded working environment for professionals in the related departments of epidemiology, biostatistics, molecular genetics, and medical education.

The center is part of a medical complex in Marshfield that includes Marshfield Clinic, one of the nation's largest medical group practices with nearly 500 physicians; Marshfield Medical Research Foundation; Marshfield Laboratories (whose staff of veterinary pathologists is extensive); and other units and divisions that have attracted national attention.

World Health Organization scorecard on sexually transmitted diseases, excluding AIDS, that affect 333 million annually

Gonococcal Infections

Incidence: 62 million cases worldwide

Symptoms: Inflammation of the mucosa of the birth canal, of the mucous membrane of the throat or the rectum, or both. Possible complications include septicemia, arthritis, endocarditis, and meningitis.

Treatment: Antibiotics

Chlamydial Infections

Incidence: 89 million people

Symptoms: There are no obvious clinical manifestations of this bacterial infection. If infection with chlamydia is not properly diagnosed, it can result in sterility in some women or in mother-to-child infection during childbirth, leading to conjunctivitis or eye inflammation in the baby. In men it can cause urethritis with possible infection of the ductus deferens and the testicles (epididymitis).

Treatment: Antibiotics

Syphilis

Incidence: 12 million people

Symptoms: Syphilis is the most deadly STD apart from AIDS. Signs of this bacterial infection range from skin eruptions to complications of the heart and nervous system.

Treatment: Penicillin

Trichomoniasis

Incidence: 170 million people

Symptoms: This parasitic infection can lead to vaginitis and vaginal discharge in women. Usually, however, there are no symptoms.

Treatment: Metronidazole.

WHO Warns of Inadequate Noncommunicable Disease Prevention

Experts of the World Health Organization (WHO) have expressed their concern over the potential perils of inadequate attention to the prevention of noncommunicable diseases (NCDs), both in developed and, especially, developing countries.

The WHO professionals included in the group of major noncommunicable diseases cardiovascular diseases, cancer, diabetes, chronic rheumatic and respiratory diseases, oral diseases, and genetic disorders, most of which are associated with economic development (urbanization and changing lifestyles) and aging.

According to WHO estimates, all NCDs, in many cases preventable, account for at least 40% of all deaths in developing countries and 75% in industrialized countries, where cardiovascular diseases (CVDs) are the first cause of mortality and cancer is the third.

NCDs have a major impact on health economics. Once developed, they are costly to treat. According to the American Heart Association, in 1996, CVDs in the United States will cost $151.3 billion, including medical treatment and lost productivity from disability. Diabetes mellitus alone, which affects some 100 million people worldwide, claims on average around 8% of total health budgets in industrialized countries.

WHO experts say that in Africa as a whole, rheumatic fever and rheumatic heart disease are major causes of premature mortality and account for one-third of all cardiac diseases admitted to hospitals. In addition, recent studies make it possible to suggest that about 14% of the African population have a sickle cell gene that considerably increases their chances of having children with this disorder.

World Health Organization (WHO) estimates of the morbidity and morality of water-related diseases, worldwide, 1995

Disease	Morbidity (episodes per year)	Mortality (deaths per year)	Relationship to water supply, sanitation
Diarrheal drinking	1 billion	3.3 million	Unsanitary excreta disposal, poor personal and domestic hygiene, unsafe water
Infection with Intestinal helminths	1.5 billion[a]	100,000	Unsanitary excreta disposal, poor personal and intestinal helminths domestic hygiene
Schistosomiasis	200 million[a]	200,000	Unsanitary excreta disposal and absence of nearby sources of safe water
Dracunculiasis	100,000[a,b]	___	Unsafe drinking water
Trachoma	150 million[c]	___	Lack of face washing, often due to absence of nearby sources of safe water
Malaria	400 million	1.5 million	Poor water management and storage, operation of water points and drainage
Dengue fever	1.75 million	20,000	Poor solid wastes management, water storage, operation of water points and drainage
Poliomyelitis drinking	114,000	___	Unsanitary excreta disposal, poor personal and domestic hygiene, unsafe water
Trypanosomiasis	275,000	130,000	Absence of nearby sources of safe water
Bancroftian filariasis	72.8 million[a]	___	Poor water management and storage, operation of filariasis water points and drainage
Onchocerciasis	17.7 million[a,d]	40,000[e]	Poor water management in large-scale projects

[a]People currently infected.
[b]Excluding Sudan.
[c]Case of the active disease. Approximately 5.9 million cases of blindness or severe complications of trachoma occur annually.
[d]Includes an estimated 270,000 blind.
[e]Mortality caused by blindness.
SOURCE: WHO data

In Latin America, NCDs are on a steady increase. In Southeast Asia, with an average life expectancy of about 60 years, CVDs and cancer are now the two leading causes of mortality. Hypertension has been found in India, Indonesia, and Thailand to affect up to 15% of the population. Diabetes, while low in rural areas, reaches industrialized-country proportions in urban populations. Up to 20% of the population in some countries of the region carry a potentially significant haemoglobin mutation that could lead to life-long adverse health consequences.

The Eastern Mediterranean region is a classic example of countries in the midst of epidemiological transition: increasing rates of obesity accompanied by a growing prevalence of hypertension and diabetes. Another feature of the region is elevated rates of consanguineous marriages that are associated with high risk of genetic disorders. In China, there is high prevalence of cancer and CVDs with extremely high mortality rate from stroke.

Given the present trends, scientists project an explosion of noncommunicable diseases in developing countries between now and the year 2015.