CATHERINE KARNOW/CORBIS

WHO AND UN:
AIDS Not Losing Momentum

Since the beginning of the epidemic, 50 million people worldwide have been infected with HIV, of whom more than 16 million have died, according to a report by the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS). The report, *AIDS Epidemic Update—December 1999*, shows that AIDS deaths reached a record 2.6 million in 1999 and that new HIV infections continued unabated, with an estimated 5.6 million adults and children becoming infected worldwide during the year.

"With an epidemic of this scale, every new infection adds to the ripple effect, impacting families, communities, households and increasingly, businesses and economies. AIDS has emerged as the single greatest threat to development in many countries of the world," said Peter Piot, Executive Director of UNAIDS.

In sub-Saharan Africa—still the global epicenter of the epidemic—new evidence shows that women infected with HIV outnumber men. "Ten years ago, it was hard to make people listen when we were saying AIDS wasn't just a man's disease," said Dr. Piot. "Today, we see the evidence of the terrible burden women now carry in Africa's epidemic."

UNAIDS and WHO estimate that 12.2 million African women and 10.1 million African men ages 15–49 were living with HIV at the end of 1999. Yet there is reason for optimism. "I believe we are now at a turning point in the 20-year history of the AIDS epidemic in Africa," said Dr. Piot, noting that African leaders are speaking out about AIDS as the major threat to the continent's development.

The report reveals that for 1999 the world's steepest HIV curve was recorded in the newly independent states of the former Soviet Union, where the proportion of the population living with HIV doubled between 1997 and 1999. In the Russian Federation, nearly half of all reported cases of HIV infection since the start of the epidemic were recorded in the first nine months of 1999.

Preliminary studies suggest that injecting drug use is becoming increasingly common among unemployed young people in many of the industrial cities of the Russian Federation and Ukraine. Injecting drug use appears to be well established even among Russian schoolchildren. An outreach program for drug injectors in St. Petersburg reported that its caseload of clients younger than age 14 increased 20-fold from 1997 to the first quarter of 1999.

On the positive side, strong prevention programs in Thailand and the Philippines have had sustained success in lowering or stabilizing HIV rates. Still, notes Peter Piot, "There is no room for complacency in any discussion of this epidemic. The threat of HIV has not diminished in any country. We have even seen evidence from North America and Western Europe suggesting that availability of life-prolonging therapies may be contributing to an erosion of safer sexual behavior. This is tragic."

"While antiretrovirals have brought hope to many people with HIV who are fortunate enough to have access to them, they are not a panacea, and they are not available in most of the world," Dr. Piot said. "The key to fighting AIDS is preventing new infections. For this more resources are needed—to implement the prevention strategies we have today, and to develop new and better tools, such as microbicides and a vaccine." ■

WORLD HEALTH ORGANIZATION

WHO'S NEW MENTAL HEALTH STRATEGIES

Noting that mental disorders and neurological illnesses affect some 400 million people worldwide, the Director-General of the World Health Organization (WHO), Dr. Gro Harlem Brundtland, has launched WHO's new Global Strategies for Mental Health. *[The first Surgeon General's report on the issue of mental health has been released in the US. See pages 89–101.]*

Psychiatric disorders and neurological diseases are amongst the most important contributors to the global burden of disease," Dr. Brundtland said at a press conference in Beijing. "In 1998, these disorders were estimated to account for almost 12% of the deaths and lost productivity due to all diseases and injuries globally."

WHO's Director-General emphasized that the traditional way of prioritizing health problems, based on prevalence and mortality, has important limitations. Prevalence rates, she said, do not take into account the severity and duration of disease-related disability, while the number of deaths does not take into consideration the non-fatal outcomes of illness. For many years, the burden of psychiatric and neurological conditions has been underestimated because of these limitations. This, Dr. Brundtland said, has had obvious consequences for budget allocation and policy planning.

Underpinning WHO's approach is a belief that mental health goes beyond the mere absence of mental or neurological disorders, and that psychological well-being is an integral part of mental health. Dr. Brundtland described poverty as a major obstacle to well-being. "More than three billion people—that is, half of the world's population—still remain poor and live on less than two US dollars per day. Of these, 1.3 billion live on less than one dollar a day," she pointed out.

WHO's strategies also address the social stigma, misconceptions, and discrimination associated with neuropsychiatric conditions, as well as the human rights of mentally ill people. "Very often and in many countries, individuals who are affected by neuropsychiatric disorders endure double suffering,...from the conditions themselves and from the social stigma and discrimination attached to them. In this respect, every country is a developing country," said Dr. Brundtland. ■

REPORT OF INTEREST

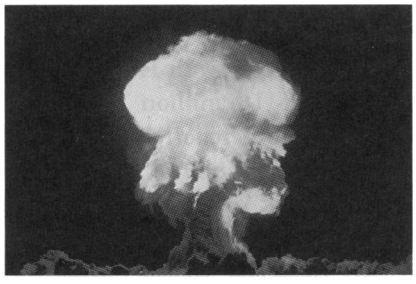
Death Rates of "Atomic Vets"

The Institute of Medicine (IOM) has released the report of a study of the causes and rates of death among the nearly 70,000 soldiers, sailors, airmen, and marines who participated in one or more of five selected series of atmospheric nuclear tests during the 1950s. These servicepeople were present at tests conducted in the Nevada desert or in the South Pacific. Approximately 30% have since died, and the question remains whether some percentage of these deaths are attributable to radiation exposure.

IOM researchers looked at whether participants' death rates were higher than those of a comparison group of nearly 65,000 military personnel serving at the same time but not involved in the nuclear tests.

The researchers found no difference between the study and comparison groups in overall death rates or in total deaths from cancer. Participants in the nuclear tests had a 14% higher death rate from leukemia than those in the comparison group, although the difference was not statistically significant.

The death rate from leukemia among participants in the Nevada desert tests was 50% higher than that of military personnel from similar units who did not take part in atomic tests.

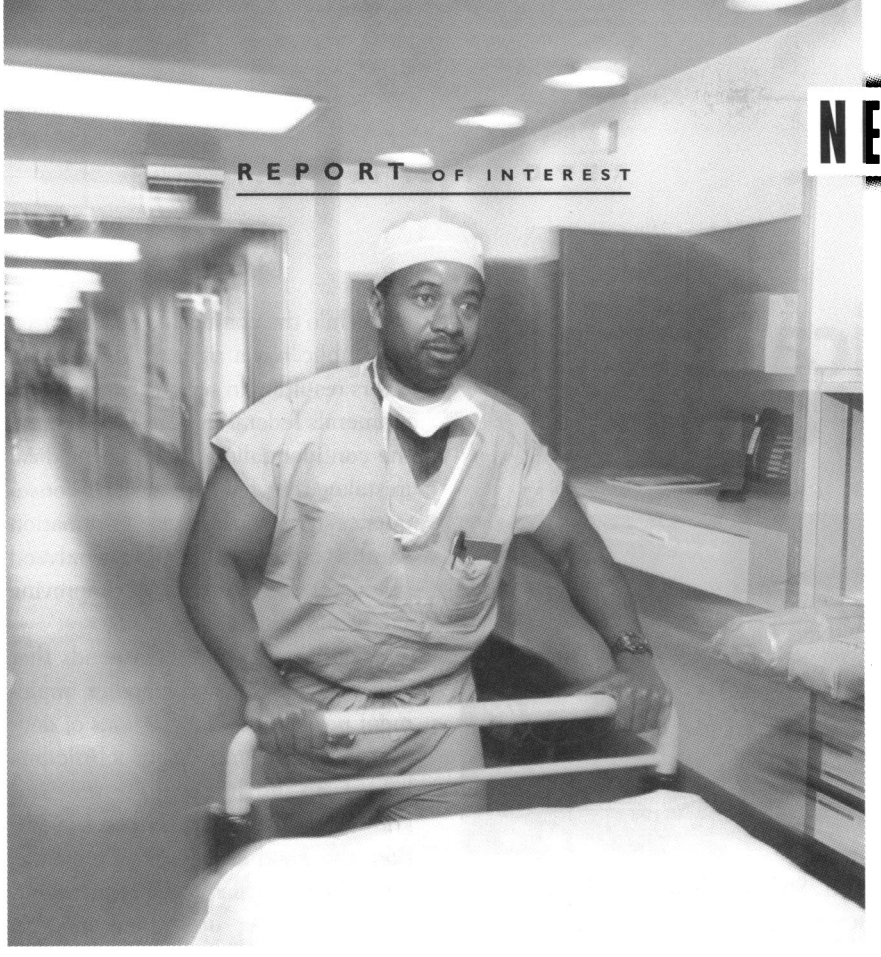


Participants in the South Pacific tests did not differ from their comparison group in leukemia death rates.

Deaths from prostate cancer were 20% higher among test participants than among the comparison group, and the difference was even greater for nasal cancer.

Copies of The Five Series Study: Mortality of Military Participants in U.S. Nuclear Weapons Tests *are available from the National Academy Press; tel. 202- 334-3313 or 800-624-6242.* ■

REPORT OF INTEREST



New Cancer Mortality Atlas

The National Cancer Institute (NCI) has published the *Atlas of Cancer Mortality in the United States, 1950–94*, showing the geographic patterns of cancer death rates for more than 3000 US counties.

The atlas's 254 color-coded maps will make it easy to uncover cancer patterns that would escape notice if larger areas, such as states, were mapped.

Maps will be presented for both white and black populations for the first time, as will the patterns for liver cancer and biliary tract cancer. Previous classification schemes did not permit separate analyses of these cancers.

The first atlas showing color-coded maps of mortality rates by county was published in 1975 and covered the years 1950–1969. The current atlas compares the patterns for 1970–1994 with those for 1950–1969.

Many of the patterns shown in the current atlas are similar to those shown in previous atlases. High breast cancer rates, for example, have been seen for four decades in urban centers in the Northeast, and colon cancer mortality rates have also been elevated in the Northeast.

According to Susan S. Devesa of NCI's Division of Cancer Epidemiology and Genetics, the greatest changes are seen with lung cancer. "The highest rates now occur among white men in broad stretches across the South, among white women in the far West, and among the black population in northern urban areas," she explained. "These changes generally coincide with regional and time trends in cigarette smoking."

The patterns of prostate cancer deaths, which in the past showed little geographic variation, have also changed. High rates among white men are much more prominent now in the North Central US. In contrast, rates are excessive among black men in the Southeast, particularly in rural areas.

Earlier atlases were successful in generating leads for further studies, particularly in high-risk areas of the country. The results of these studies are reported in the new atlas. Findings include:

- The high rates of lung cancer among men in Southern Coastal areas were related to asbestos exposure at shipyards, particularly during World War II.
- Elevated death rates for mouth and throat cancers among women living in the rural South were associated with the use of smokeless tobacco.
- High death rates of esophageal cancer in Washington, DC and the coastal areas of South Carolina were linked to alcohol consumption and tobacco use, along with diets low in fruits and vegetables.
- High lung cancer death rates were seen among smelter workers and among people living close to arsenic-emitting smelters.

For the first time, an interactive version of the data will be available on the World Wide Web. Electronic access makes several new features possible. National and state mortality rates are available, as are the tabulated data used to generate the maps. Users can customize maps; for example, one can compare rates for different time periods, look at the rates of any cancer in any county, and "zoom" or "pan" to view areas of the country. The atlas's Web address is **http://www.nci.nih.gov/atlas**.

To order a copy of the atlas, call NCI's Cancer Information Service at 800-4-CANCER (800-422-6237; TTY 800-332-8615). Copies may also be ordered via NCI's on-line Publications Locator Service at ***http://publications.nci.nih.gov***. ■

Reducing Medical Errors Requires System Changes

Reducing one of the nation's leading causes of injury and death—medical errors—will require rigorous changes throughout the health care system, including mandatory reporting requirements, according to the Institute of Medicine (IOM). An IOM report lays out a multifaceted strategy to reduce medical errors and calls on Congress to create a national patient safety center based at the Agency for Health Care Policy and Research (now the Agency for Healthcare Research and Quality).

The findings of one major study cited in the report suggest that medical errors kill some 44,000 people in US hospitals each year. Another study puts the number much higher, at 98,000. Deaths from medication errors in hospitals and other settings number more than 7000 annually.

"These stunningly high rates... are simply unacceptable in a medical system that promises first to 'do no harm,'" said William Richardson, chair of the committee that wrote the report and President and CEO of the W.K. Kellogg Foundation. The committee set as a minimum goal a 50% reduction in medical errors over the next five years.

"Our health care system is a decade or more behind other high-risk industries in its attention to ensuring basic safety," Richardson said. "The risk of dying in a domestic airline flight or at the workplace has declined dramatically in recent decades, in part because of the creation of federal agencies that focus on safety. Drawing on that model, we urge Congress to create a center for patient safety within the US Department of Health and Human Services. This center would set national safety goals, track progress in meeting them, and invest in research to learn more about preventing mistakes. It also would act as a clearinghouse—an objective source of the latest information on patient safety for the nation. For example, if a health care organization improves safety, its practices should be shared with a broad audience, and the center would help provide the needed channel to distribute that information."

The majority of medical errors do not result from individual recklessness, according to the IOM report, but from basic flaws in the way the health system is organized. Medical knowledge and technology grow so rapidly that it is difficult for practitioners to keep up. The health care system itself is evolving so quickly that coordination is often lacking.

The committee recommends establishing a nationwide, mandatory public reporting system. Hospitals first, and eventually other settings, would be responsible for reporting medical errors to state governments. Currently, about a third of the states have their own mandatory reporting requirements.

While the committee believes that the public has a right to know about errors resulting in serious harm, it recommends federal legislation to protect the confidentiality of data on medical mistakes that have no serious consequences. In such cases, information should be collected and analyzed solely for the purpose of improving safety and quality.

The report also recommends that licensing and certifying bodies implement periodic re-examinations of doctors, nurses, and other clinicians based on both competence and knowledge of safety practices. In addition, the Food and Drug Administration, which regulates prescription and over-the-counter drugs and medical devices, should increase its attention to public safety. Efforts should be made to eliminate similar-sounding drug names and labeling or packaging that foster mistakes. Health care organizations must create a "culture of safety," designing systems geared to preventing and detecting hazards and minimizing the likelihood of error. Well-understood safety principles should be adopted, including standardizing and simplifying equipment, supplies, and processes and avoiding reliance on memory. All hospitals and health care organizations should implement proven medication safety practices, such as using automated drug-ordering systems.

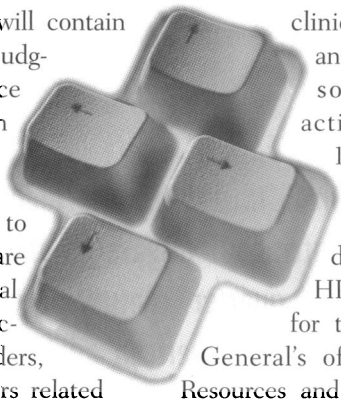
The study was funded by the National Research Council and the Commonwealth Fund.

Copies of To Err Is Human: Building a Safer Health System *are available from the National Academy Press; tel. 202-334-3313 or 800-624-6242. The pre-publication report costs $45.00 (prepaid) plus shipping charges of $4.50 for the first copy and $0.95 for each additional copy.* ■

NEW HEALTH CARE QUALITY DATA BANK

The Department of Health and Human Services (DHHS) has launched the Healthcare Integrity and Protection Data Bank (HIPDB) to help stem health care fraud and abuse.

The new data bank will contain information on: (*a*) civil judgments, except malpractice judgments, against health care providers, suppliers, and practitioners in federal or state courts related to the delivery of a health care item or service; (*b*) federal or state criminal convictions of health care providers, suppliers, and practitioners related to the delivery of a health care item or service; (*c*) actions by federal or state agencies responsible for the licensing and certification of health care providers, suppliers, and practitioners; and (*d*) exclusion of health care providers, suppliers, and practitioners from participation in any federal or state health care program.



HIPDB will complement the 10-year-old National Practitioner Data Bank (NPDB), which contains reports of medical malpractice payments, adverse licensing actions, adverse clinical privilege actions, and adverse professional society membership actions for more than 133,000 physicians, dentists, and other practitioners. Day-to-day operation of HIPDB will be managed for the DHHS Inspector General's office by the Health Resources and Services Administration, which also operates the NPDB.

A single NPDB-HIPDB Integrated Querying and Reporting Service will be used to query or report to both data banks over the World Wide Web. The combined Web site can be accessed at **www.npdb-hipdb.com**.

Required by law to report to HIPDB are state and federal law enforcement organizations; state and federal agencies responsible for licensing or certifying health care practitioners, providers, or suppliers; federal agencies that administer or provide payment for health care; and private health plans.

During the start-up period, these organizations are required to provide information on all reportable final adverse actions taken since August 21, 1996, the date of enactment of the Health Insurance Portability and Accountability Act of 1996, which mandated the creation of the new data bank.

Additional information on the data banks can be obtained by calling 800-767-6732. ■

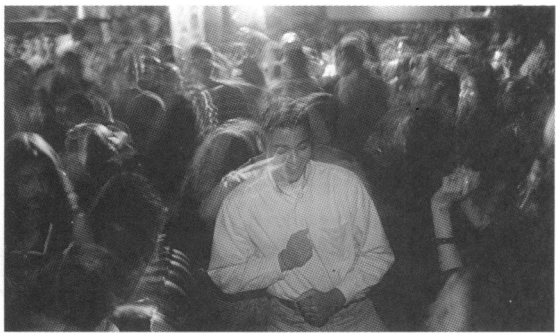
"Club Drugs" Take Center Stage

The National Institute on Drug Abuse (NIDA) and four partner organizations have launched a multimedia public education strategy addressing the dangers of "club drugs" such as Ecstasy, GHB, and Rohypnol, often used at all-night "raves," or dance parties.

"Club drugs are not harmless 'fun drugs.' ...[R]esearch shows these drugs can have long-lasting negative effects on the brain that can alter memory function and motor skills. When these drugs are combined with alcohol, they become even more dangerous and potentially life-threatening," said Dr. Alan I. Leshner, NIDA's Director.

NIDA has distributed 330,000 free postcards at restaurants, bars, coffeehouses, and other locations in Washington, DC, and New York City and at 200 shopping malls nationwide. The postcards show the effects of Ecstasy on brain functions.

NIDA and its partners—the American Academy of Child and Adolescent Psychiatry, the Community Anti-Drug Coalitions of America, Join Together, and National Families in Action—will also distribute copies of a *Community Drug Alert Bulletin* to anti-drug coalitions across the country. The *Bulletin* highlights NIDA research showing that use of club drugs can cause serious health problems, including hallucinations, paranoia, amnesia, and depression.



PABLO CORRAL V/CORBIS

The *Bulletin* also notes that because some club drugs are colorless, tasteless, and odorless, they can be added unobtrusively to beverages. Two of the drugs, GHB and Rohypnol, have been associated with "date rapes" and other sexual assaults around the country. ■