News

BOTSWANA REPORTS POLIO CASE, NIGERIA LIKELY SOURCE

14 April (Reuters Health)—The southern African state of Botswana has reported its first polio case in 13 years and northern Nigeria is the probable source, the World Health Organization (WHO) said.

A spokesman for the UN agency said genetic analysis of the virus that infected a 7-year-old boy showed that it was closely linked with a polio strain endemic to Nigeria’s north, where Muslim leaders have resisted a WHO vaccination campaign.

The WHO says that the virus from northern Nigeria, where only Kano state is now maintaining the immunization ban, has spread to 8 neighboring countries that were previously free of the disease.

Some 400 cases have been reported in Nigeria itself, which is 1 of only 5 countries worldwide where polio is endemic. But the Botswana infection is the first to be reported so far from the apparent source.

Muslim leaders in Kano, and initially in some other largely Islamic Nigerian states, have argued that the vaccine used by the WHO is unsafe and contains impurities that may be intended to reduce fertility among Muslim women.

WHO says the recent outbreak that has affected many parts of Nigeria before spreading across western and central Africa is the outcome of the suspension of the vaccinations in the north of the country from August last year.

The occurrence of a case in Botswana in southern Africa, without a direct history of travel to Nigeria or known contact with persons who had recently traveled to Nigeria, suggests that there is now circulation of the wild poliovirus in Botswana. The case in Botswana could be associated with contact with individuals from any of these 8 countries in addition to Nigeria.

There are many countries between Nigeria and the west African countries and Botswana to the south, including countries with significant infrastructural challenges as well as political unrest, such as the Democratic Republic of the Congo and Angola. One wonders whether the current virus arrived via air or land. If the latter, it suggests that there is ongoing poliovirus transmission in a wider geographic region of Africa. This scenario would prove to be a significant obstacle to the goal of polio eradication. The barriers to vaccination activities in Northern Nigeria seem inexcusable.

AVENTIS PASTEUR RECALLS RABIES VACCINE

6 April (Agence de Presse Medicale for Reuters Health [Richard Woodman])—Aventis Pasteur is recalling its rabies vaccine in several countries after live rabies virus was discovered in one batch, which was not distributed, the company announced.

Four lots of Imovax vaccine are being withdrawn in the United States, 1 in Britain, and 2 in Ireland, a company spokesman said.

“This is a precautionary measure stemming from the discovery through routine testing of a non-inactivated production strain of virus in a single product lot, which was not distributed,” the company said in a statement.

“As a special safeguard, Aventis Pasteur initiated the voluntary recall in the US and abroad of distributed rabies vaccine lots produced during the same time period. The lots being recalled passed all release tests, including testing to confirm the absence of live virus.”

The 4 lots being withdrawn in the US were distributed from 23 September 2003 through 2 April 2004.

BIRD FLU PROTOTYPE VIRUS PRODUCED IN LAB, W.H.O. SAYS

1 April (Reuters Health)—A high-security laboratory has grown a prototype H5N1 bird flu virus, the first step toward making a human vaccine against the potentially deadly new pathogen, a World Health Organization (WHO) spokesman said.

The WHO will give the prototype virus next week to 3 drug makers who have expressed interest in producing small sample vaccine batches and carrying out clinical trials, WHO spokesman Dick Thompson said.

The clinical trials are expected to take several months, but large-scale vaccine production would only begin if a pandemic broke out, he added.

The 3 centers are the Centers for Disease Control and Prevention in Atlanta, the St. Jude Hospital in Memphis, Tennessee, and Britain’s National Institute for Biological Standards and Control.

Clinical trials will be conducted in the United States, under the sponsorship of the US National Institutes of Health, according to the WHO spokesman. This means that drug makers require a US license, he added.

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ACAMBIS HALTS SMALLPOX VACCINE TRIALS

13 April (Agence de Presse Medicales for Reuters Health [Richard Woodman])—British vaccine company Acambis Plc. said it had stopped recruiting volunteers for trials of its second-generation ACAM2000 smallpox vaccine after 3 suspected cases of myopericarditis were discovered among 1132 persons vaccinated for the first time.

The cases occurred in both the ACAM2000 arm of the study and the established Dryvax vaccine arm, suggesting a class effect of smallpox vaccination.

Chief executive Gordon Cameron told APM it would probably take 2 or 3 months to analyze the data. “Nothing in this data points to our product being more or less safe than the alternative product.”

He said 3000 people had already been vaccinated with ACAM2000—possibly enough to file the product.

Cameron added that Acambis still expects to win at least half of a $900 million US government contract for 60 million doses of its third-generation MVA smallpox vaccine, a weakened form of the existing vaccine.

Editor’s comment. Acambis is a major supplier of smallpox vaccine to the US government. Just exactly how this suspension of testing will affect the supply of vaccine to the United States is unknown at this point. Myopericarditis is a known side effect of smallpox vaccination. Whether this cell culture–derived vaccine differs from Dryvax (the established vaccine) with regard to effectiveness or side effects remains to be seen. However, in the recent US civilian and military experience, myopericarditis occurred in <1 of 12,000 vaccinated persons, which is considerably lower than the rate reported for the ACAM2000 vaccine, as reported above.

LEISHMANIASIS DIAGNOSIS SHOULD BE CONSIDERED IN MILITARY PERSONNEL

1 April (Reuters Health)—Between 2002 and 2004, Department of Defense staff identified 522 cases of cutaneous leishmaniasis in US military personnel deployed in southwest/central Asia. In a related report, researchers describe 2 cases of visceral leishmaniasis involving Army soldiers who had served in Afghanistan.

Both studies appear in the 2 April issue of the Morbidity and Mortality Weekly Report published by the Centers for Disease Control and Prevention.

The cutaneous leishmaniasis report focused on 361 cases for which demographic data were obtained.

Nearly all of the cutaneous leishmaniasis patients were male and 76% were of non-Hispanic white ethnicity. The patients ranged in age from 18 to 57 years, with a median age of 25 years. Based on deployment histories, almost all of the infections were acquired in Iraq with just a few acquired in Afghanistan and Kuwait.

Although skin lesion onset was reported between May 2002 and January 2004, nearly 80% of the lesions arose between August and November 2003.

The visceral leishmaniasis cases involved 2 previously healthy men in their 30s who had traveled extensively throughout Afghanistan. In both cases, febrile illness did not begin until several months after leaving the country.

Both patients developed classic, albeit nonspecific, manifestations of advanced visceral leishmaniasis, including fever, cachexia, hepatosplenomegaly, pancytopenia, and hypergammaglobulinemia with hypoalbuminemia.