News and Notes

LACTOFERRIN DEEMED SAFE TO FIGHT E. COLI

ALF Ventures, a Salt Lake City-based joint venture by National Beef and DMV International, has consulted with the U.S. Food and Drug Administration (FDA) about its plans to market lactoferrin—an anti-microbial protein found in cow's milk and beef—as prevention for *E. coli* 0157:H7. Lactoferrin is a component of an anti-microbial spray that can be applied to uncooked beef carcasses to fight the E. coli organism. aLF Ventures was not required to gain approval from the FDA before marketing lactoferrin, but the company provided the FDA with scientific data supporting the firm's conclusion that lactoferrin is "generally recognized as safe" (GRAS) for the general population, including those allergic to milk. In its report to the FDA, aLF noted that the amount of added lactoferrin that remains on the beef after treatment is comparable to the amount that is naturally present in the meat.

For more information, visit the FDA's website at http://www.fda.gov/bbs/topics/NEWS/2003/NEW00935.html.

(Editor's note: Is disinfected filth still filth?)

WHO ADOPTS INTERNATIONAL TREATY FOR TOBACCO CONTROL

At the 56th World Health Assembly, the World Health Organization's (WHO's) 192 member states unanimously adopted the world's first public health treaty, the WHO Framework Convention on Tobacco Control. It is the first legal instrument designed to reduce tobacco-related deaths and disease throughout the world.

If signed, then ratified by 40 countries, the treaty will require countries to impose restrictions on tobacco advertising, sponsorship and promotion; establish new packaging and labeling for tobacco products; establish clean indoor air controls; and strengthen legislation to clamp down on tobacco smuggling. The opportunity to sign began on June 16, 2003, at WHO headquarters in Geneva. The treaty can also be signed at UN headquarters in New York through 2004.

Tobacco is the leading cause of preventable death in the world today. Some 4.9 million tobacco-related deaths occur each year.

For additional information, consult the WHO website at http://www.who.int/features/2003/08/en/.

"DRUG HOLIDAYS" PROVIDE NO BENEFITS IN HIV TREATMENT

The National Institutes of Health (NIH) reports that prescribed interruptions in antiretroviral therapy, or "drug holidays," may in fact accelerate disease progression in some HIV-infected individuals, especially individuals whose treatment has become less effective by the development of resistance to some anti-HIV drugs. Structured treatment interruption involves stopping all anti-HIV drugs for a defined time period to allow the virus to regain susceptibility to the drugs. This break from medication also allows the person a hiatus from the toxic side effects and other difficulties stemming from the medications.

The NIH report was derived from a study conducted by the National Institute of Allergy and Infectious Diseases (NIAID). It was the first clinical endpoint study to examine the effectiveness of structured treatment interruption in people with few options remaining for treatment. The study enlisted 270 participants and half were randomly chosen for a four-month interruption of treatment before receiving a new optimized anti-HIV drug. The remaining half was started on a new optimized drug immediately. After 12 months, 22 of the 138 in the experimental group had died or experienced significant disease progression. Only 12 of the 132 in the control group had died or exhibited signs of progression. Jody Lawrence, MD, study chair of the Department of Medicine at the University of California, San Francisco, stated: "We had hoped that a structured treatment interruption would be beneficial for people experiencing treatment failure due to multi-drug resistant HIV. However, our results indicate that this strategy does not work and should be avoided by this group of HIV-infected individuals."

For additional information, consult the NIH website at http://www.nih.gov.news.pr.aug2003/niaid-27.htm.

COCHLEAR IMPLANTS MAY INCREASE RISK FOR BACTERIAL MENINGITIS

A study conducted by the Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration (FDA), and others found that children with cochlear implants are at greater risk for developing pneumococcal meningitis compared to children who do not have cochlear implants. In addition, the study showed those children with cochlear implants

containing an additional piece called a "positioner" had 4.5 times the risk of developing the disease as compared to those receiving other types of cochlear implants.

The study involved 4,264 children who had received a cochlear implant in the United States between January 1, 1997, and August 6, 2002, and who were younger than age six at the time of the implant. A total of 29 cases of bacterial meningitis occurred. Fifteen children developed meningitis caused by *Streptococcus pneumoniae*. Nine of the 29 cases occurred within less than a month of the patient receiving the implant, while the remaining 20 occurred within a 36-month time period. Less than one case of the disease would be expected in a group this size of the general population.

The study authors noted that individuals qualifying for cochlear implants may have other risk factors for developing pneumococcal meningitis compared to the general population. "Most bacterial meningitis is vaccine-preventable so children who have a cochlear implant, or who will receive one, should have all recommended childhood vaccinations," said CDC Director Dr. Julie Gerberding. The study's lead author, Jennita Reefhuis, PhD, says several follow-up projects are underway as a result of this study.

For a full press release on the study, see http://www.cdc.gov/od/oc/media/pressrel/r030730.htm. Additional information is available at http://www.cdc.gov/ncbddd or http://www.cdc.gov/nip/issues/cochlear/cochlear-gen.htm.

DHSS APPROVES ILLINOIS PLAN TO COVER MORE UNDERINSURED CHILDREN

Department of Health and Human Services Secretary Tommy G. Thompson approved a proposal by the state of Illinois to further expand its State Children's Health Insurance Program (SCHIP), providing health care to thousands of uninsured children. State officials expect the expansion of SCHIP to cover an additional 20,000 children, bringing the total number of children covered to 129,000. SCHIP provides coverage comparable to the state employee health plan. Tom Scully, administrator of the Centers for Medicare & Medicaid Services, which administers SCHIP, stated, "Illinois' newly expanded program is a positive demonstration that SCHIP is working to reduce the number of uninsured children in America."

For more information see http://www.hhs .gov.news.

STATES MOVING TO REINSTATE BARRIERS TO ENROLLMENT FOR HEALTH COVERAGE

Health care coverage for low-income families may be at risk, states a new report published by the Henry J. Kaiser Family Foundation. According to the report, between January 2002 and April 2003, five states made significant eligibility cuts for low-income parents; four states reduced coverage for children, including two states which froze enrollment in their state children's health insurance programs; and five states reinstated at least one procedural obstacle that could compromise enrollment or renewal in health coverage programs. Even after the study was completed in April 2003, states continued to take actions that may negatively affect their health care programs.

The full report, "Preventing Recent Progress for Health Coverage of Children and Parents: New Tensions Emerge," is available at http://www.kff.org/content/2003/4125/4125.pdf.

NEW GLOBAL YOUTH TOBACCO SURVEY SHOWS NO GENDER DIFFERENCE IN USAGE

A new report released at the World Conference on Tobacco or Health showed there is little difference between the rates of smoking for boys and girls. In addition, the report concluded that the use of non-cigarette tobacco products including spit tobacco, bidis, and water pipes by boys and girls were similar, and these rates are often as high or in some cases higher than cigarette use rates. These findings are significant because they drastically alter the projections of future tobacco-related deaths and illness worldwide, which are based on today's rates and therefore may be underestimated. Currently the World Health Organization (WHO) attributes 4.9 million deaths per year to tobacco use, a total now expected to double in approximately two to three decades. The report was compiled by the Global Youth Tobacco Survey (GYTS), a component developed by WHO and Centers for Disease Control (CDC) to track tobacco use among young people around the world.

For more information, visit http://www.cdc.gov/tobacco/global/GYTS.htm.