

## News in brief . . .

■ **The Indian government has finally banned the use of mepacrine for female sterilisation,** reports the *Lancet*. The government promised the Supreme Court in March of this year that such a ban would be imposed.\* Now that distribution of mepacrine [quinacrine] is banned, the government has effectively closed a loophole that allowed the drug to be brought from other countries as a gift to Indian doctors. However, Mohan Rao from Jawaharlal Nehru University, Delhi, India, says that the mepacrine ban is only the first step, and that what is now needed in India is a new mechanism to monitor and regulate medical research, including trials of new drugs that are being conducted in private institutions and hospitals. Currently, government guidelines are only followed by centres recognised by the Indian Council of Medical Research.

\* See *Inpharma* 1131: 5, 4 Apr 1998; 800631968

Sharma DC. Indian government bans use of quinacrine for sterilisation. *Lancet* 352: 717, 29 Aug 1998

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■ **The UK influenza immunisation programme now also includes all individuals aged  $\geq 75$  years,** following a recommendation from the Joint Committee on Vaccination and Immunisation, reports the *Pharmaceutical Journal*. Cost-benefit analysis of recent UK data has revealed that immunisation of individuals aged  $\geq 75$  years is medically justified and 'represents good value for money compared with other health care interventions', said the government's Chief Medical Officer, Sir Kenneth Calman. Previously, influenza vaccination was only recommended for individuals with underlying medical conditions, such as chronic respiratory, renal or heart disease, and for those in long-stay residential accommodation where infection may spread rapidly.

Department of Health recommends influenza vaccination for the over 75s. *Pharmaceutical Journal* 261: 301, 29 Aug 1998

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■ **There is a critical need for a new, effective tuberculosis (TB) vaccine** to halt the global spread of TB, said Professor Philip Hopewell from the University of California, San Francisco, US, at the recent International Symposium on TB Vaccine Development and Evaluation held in San Francisco, US. Importantly, protection needs to be offered at 3 levels: prevention of new infection, prevention of the development of active TB in infected individuals and prevention of reinfection. Ideally, the new vaccine needs to be inexpensive, of stable composition, easy to administer and safe even in immunocompromised individuals and should not cause a positive skin test reaction that could complicate the TB screening process, suggests Professor Hopewell. He notes that the only existing TB vaccine, the bacillus Calmette-Guérin (BCG) vaccine, has had little impact on the spread of TB.

University of California San Francisco. UCSF experts says ideal TB vaccine is needed in order to halt global public health problem. Media Release: [2 pages], 26 Aug 1998

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■ **To date, measures taken in the Philippines to control tuberculosis (TB) have had little impact,** reports the *BMJ*. This finding emerged from a recent national TB prevalence survey, which indicated that

almost two-thirds of Filipinos have TB and that many patients with TB-like symptoms do not seek medical help. In the 1980s, funding was used to detect TB rather than ensure compliance with treatment, says Dr Leopold Blanc from the WHO. However, he adds that the Philippines government recently announced a new TB control strategy that places emphasis on DOTS (directly observed treatment, short course). Another problem in the Philippines has been the absence of a unified TB control programme, says Dr Rodrigo Romolo from the TB Clinic Foundation. However, in 1994 the Philippine Coalition against Tuberculosis was formed and now has a unified strategy for TB control.

Easton A. Tuberculosis controls in Philippines have failed so far. *British Medical Journal* 317: 557, 29 Aug 1998

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