

WHO agrees measures to stop global spread of tobacco use

Phyllida Brown, *London*

After intensive preparations, the World Health Organisation finally gained permission from its member states this week to start negotiating an international legal instrument to curb the global spread of tobacco use. The Framework Convention on Tobacco Control, which will be adopted no later than May 2003, aims to strengthen transnational controls on tobacco so that individual governments' health policies will no longer be undermined by smuggling, international advertising and promotion, or lax labelling laws, for example.

The World Health Assembly, the WHO's annual "shareholders' meeting" which ended on Tuesday, agreed to empower the director general, Gro Harlem Brundtland, to convene an inter-governmental committee to negotiate the convention, which

will be legally binding. The need for a treaty "with teeth" has been accepted after 25 years in which the assembly has passed 16 non-legally binding resolutions for tobacco control while, worldwide, the number of cigarettes smoked daily has steadily grown. Today there are an estimated 1.1 billion smokers, 80% of them in developing countries.

Specific protocols to be agreed within the convention will address cigarette pricing policies, antimuggling measures, advertising and promotion (including promotion on the internet), and cigarette labelling. The negotiating committee is likely to be made up of government representatives, not only in health ministries but also in trade, finance, and agriculture ministries, said Derek Yach of the WHO's Tobacco Free Initiative, which has carried out the



New WHO measure will support governments' antismoking plans

groundwork for the convention.

Dr Yach said that there was support for the convention even from some countries that rely on tobacco for export earnings, such as Malawi and Zimbabwe. Only two tobacco producing

countries, Greece and Turkey, hinted that their support for the treaty might be lukewarm. They said they would want to involve "all relevant interests" in negotiations, which is likely to be a reference to the tobacco industry. □

Dutch launch plan to combat legionnaires' disease

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The Dutch government has launched a plan to combat legionnaires' disease, emphasising the need for greater vigilance by GPs and community health services, following one of the worst epidemics recorded.

The plans, which were developed jointly by the ministries for health and for the environment, include a computerised rapid alert system for GPs; measures to ensure that all GPs and hospital casualty departments are alerted with 24 hours of possible cases of legionnaires' disease; and stricter controls on public buildings that use warm water including hospitals, nursing homes, hotels, saunas, and

swimming pools. The Dutch College of General Practitioners has also been asked to improve the education of GPs on rare, preventable infectious diseases.

In the recent epidemic, infection with legionella (the bacterium that causes legionnaires' disease) has been confirmed in 150 of the 233 people who were taken ill and in 16 of the 23 who died after visiting a flower show in February. A preliminary investigation has suggested that the source of the epidemic was a whirlpool at the entrance to the show. Health minister Els Borst said that the measures are designed to prevent further outbreaks, but if they do occur, to

allow the timely tracing and treating of cases. Although it is impossible to eradicate the disease, she argued, the risks could be reduced to an acceptable minimum.

Laws will be introduced to ensure the safety of heated water in public buildings. Water in hot water systems will have to remain above 60°C at all times to prevent the growth of legionella bacteria. In addition, community health services are to implement a national checklist of water safety measures at large public events, and the national inspectorates for public, environmental, and occupational health will work together more closely to tackle the disease.

Professor Peter Speelman of Amsterdam's Academic Medical Centre, one of the first doctors to identify the recent outbreak, said that the epidemic should remind doctors of the continu-

ing presence of infectious diseases and of the importance of vigilance. He said that in cases of severe, community acquired pneumonia, in which the cause could not be quickly identified, patients should be treated with antibiotics that are effective against legionella. Legionnaires' disease is the second or third most likely cause of severe, community acquired pneumonia.

Professor Speelman shares the concerns of the European Working Group for Legionella Infection, which has warned that the disease is underreported. The 40 to 50 Dutch cases reported each year could represent as little as a fifth of all cases, he suggested. Risk factors for legionnaires' disease include the use of water systems in which the water is heated to between only 20°C and 50°C, there is dispersal in a fine aerosol spray, and there is low water turnover. □