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China gears up for swine flu vaccination as virus spreads inland and into rural areas

Jane Parry HONG KONG

As China rolls out the first phase of its programme to vaccinate 65 million of its 1.3 billion people against A/H1N1 swine flu, the Ministry of Health has confirmed that the disease is spreading inland and into rural areas and may infect tens of millions of Chinese people in the coming months.

Vaccination got under way in Beijing on 9 September, state media have reported, and will also cover Shanghai and Guangdong province in the initial phase. So far two vaccine manufacturers, the Beijing based Sinovac Biotech Ltd and Hualan Biological Engineering in Henan province, have been granted production licences by China's State Food and Drug Administration.

Sinovac's vaccine, Panflu 1, has been approved to vaccinate people aged 3 to 60 years and requires only a single shot, while evaluation reports on Hualan's vaccine show that it is safe for anyone aged over 3 years, with no upper age limit specified, said China's state run news agency, Xinhua.

China's Ministry of Industry and Information Technology ordered four million doses from Hualan and 3.3 million from Sinovac. Sinovac and Hualan have claimed they will be able to produce five million and 13 million doses, respectively, by 1 October, China's national day.

China's vaccination plan "would seem to be in line with the World Health Organization's recommendations to prioritise high risk groups such as healthcare workers, young people, and those with chronic conditions," said Cris Tunon, WHO's acting representative in China.

CHINAFOTOPRESS/GETTY IMAGES

Sinovac's vaccine, Panflu 1 (above), is one of two vaccines licensed for use in China

In addition to these groups, the first batch of vaccines will be given to the 200 000 participants in the 1 October pageant celebrating the 60th anniversary of the founding of the People's Republic of China.

The safety and efficacy results for the first two vaccines look good, said Paul Chan Kay-sheung, of the Department of Microbiology at the Faculty of Medicine of the Chinese University of Hong Kong.

The vaccine comes at a time when health authorities in China expect the disease to spread rapidly. China has so far not had any deaths attributed to A/H1N1 swine flu and had approximately 7000 confirmed cases by 10 September, compared with 15 800 in Hong Kong alone by the same day. But the number of confirmed cases doubled from 24 August to 10 September, and imported cases have already been outnumbered by new domestic cases.

Cite this as: *BMJ* 2009;339:b3778

GPs are to be paid £5.25 a shot in the swine flu vaccination programme

Zosia Kmietowicz LONDON

GPs in England are to be paid £5.25 (€5.90; $8.70) for every dose of swine flu vaccine they administer, once it is licensed, under a deal agreed between the BMA and the Department of Health.

In total, GPs stand to earn an extra £47m between them, or about £1424 each, if they vaccinate all the nine million people in England identified as being at risk.

England's health secretary, Andy Burnham, said, "This deal represents good value for money, as the vaccine programme will reduce the number of people who will need hospital treatment."

There is still no indication of when the vaccine will become available or whether the vaccination programme will later be extended to the rest of the population. That decision will depend on the how the pandemic develops, the government has said. If the disease remains mild, universal vaccination will not be introduced.

Laurence Buckman, chairman of the BMA's General Practitioners Committee, said, "This will be a lot of additional work for practices, but general practice is used to running large vaccination programmes."

In his letter to trusts and other NHS organisations in England, Ian Dalton, the national director of NHS flu resilience, said that three other elements had been negotiated as part of the deal, "in recognition of the additional workload that practices will undertake . . . and to incentivise practices to achieve the highest possible uptake of the vaccination for these most at-risk patients."

One element is that no changes will be made to the quality and outcomes framework (QOF) in 2010-11.

Cite this as: *BMJ* 2009;339:b3815

IN BRIEF

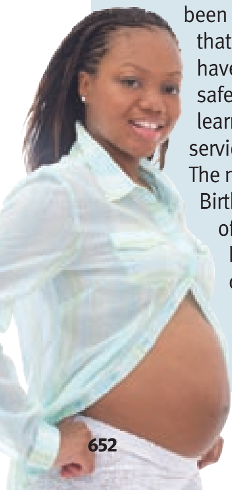
Charities call for free health care for millions: Leading non-governmental organisations and trade unions are calling on world leaders meeting at the United Nations General Assembly on 23 September to back any initiative they agree for free health care in developing countries with financial and technical support. A report from 62 organisations called *Your Money or Your Life* (www.oxfam.org) says that half a million pregnant women die each year because they do not have access to health care.

Alcohol contributes to at least 170 000 deaths of Russian men each year: Conservative estimates attribute 31% to 43% of deaths among working age men in Russia to alcohol, indicating a minimum of 170 000 excess deaths as a result of hazardous alcohol consumption each year (*Addiction* 2009:104:1630-6). Russian adults consume an estimated 15-18 l of pure ethanol a year.

Recession robs health professionals of training: The recession is deskilling the health workforce, the international development charity VSO has warned. Research for the agency shows that a third of healthcare employees in the UK worry that they are stagnating professionally, blaming recession induced pay cuts, cuts in training budgets, and stalled promotions.

New tax in Italy helped provide €75m for new cancer research: The Italian Association for Cancer Research is calling for researchers in molecular oncology to bid for a share of €75m (£66m; $110m) it has ringfenced to fund new research projects to improve the diagnosis, prevention, and treatment of cancer. The projects should be capable of delivering practical advancements for patients within five years. The funding comes from tax revenue and from association funds.

New initiative aims to improve safety of English maternity units: Twelve maternity units in England have been selected to join a network that will use practices that have been proved to improve safety and then share their learning with other maternity services throughout the country. The network is part of the Safer Births initiative, a partnership of the King's Fund (www.kingsfund.org.uk), royal colleges, and safety agencies.



Cite this as: *BMJ* 2009;339:b3789

Researchers, like politicians, use "spin" in presenting results

Mabel Chew BMJ

Politicians are not alone in using "spin" to sway their constituents. Researchers do too, according to two presentations at the Sixth International Congress of Peer Review and Biomedical Publication in Vancouver, Canada. Two preliminary explorations of this phenomenon were presented, one on studies with non-significant results, the other on studies claiming positive results.

Isabelle Boutron, of the Centre for Statistics in Medicine, Oxford, and University Paris Descartes, and colleagues said that "spin" was a way of reporting results with the aim of convincing the reader that an experimental treatment was beneficial, despite results that were not significant.

They looked at 72 randomised controlled trials with such outcomes and found that over 40% of these had "spin" in at least two of the three sections of main text, usually in the conclusion and discussion.

Some examples claimed equivalence with the control intervention or similar effectiveness or focused on secondary outcomes or subgroup analyses. Examples of linguistic "spin" included "[The treatment] is expected to be a very important modality in the treatment strategy," and, "[The treatment effect] approached but did not achieve conventional statistical significance."

Another worrying type of spin overinterpreted the safety of interventions. The investigators expressed concern that such reporting might encourage the inappropriate use of such interventions.

REUTERS

Could spin masters Alastair Campbell and Peter Mandelson learn a trick or two from researchers?

Similar concerns extended to reports of positive studies, where spin or rhetoric may overstate a drug's effectiveness or safety. Lisa Bero, of the University of California, San Francisco, presented a qualitative study of the language used in 35 published randomised controlled drug trials.

She selected trials showing that the tested drug was effective or safe or made favourable claims about the drug. Nearly half of 695 statements claiming an effect (338 (49%)) did not mention statistical significance. Safety claims rarely used the term "significance" (2/96), and only one of these was supported by a statistical result.

Cite this as: *BMJ* 2009;339:b3779

More than 20% of medical articles have

Fiona Godlee BMJ

At least a fifth of articles published in medical journals are likely to have a guest (or honorary) author, and journals are not doing enough to tackle the problem, say two studies presented at the Sixth International Congress of Peer Review and Biomedical Publication in Vancouver last week.

A guest author is someone who has not contributed sufficiently to the work but whose name is included in the list of authors. In a survey of corresponding authors of nearly 900 articles published in high impact general medical journals in 2008, 20% of respondents admitted that their paper had at least one guest author. In addition, nearly 8% admitted that their article had at least one ghost author—someone who had written the article or otherwise contributed substantially to the work but was not listed as an author.

The percentages of ghost or guest authors differed between the six journals studied and different types of articles. Both types of authorship misconduct were higher among research articles than in review articles and editorials.

Compared with a previous similar survey in 1996, rates of ghost authorship had fallen slightly, from 11.5% to 7.8%, but rates of guest authorship were unchanged.

Responding to the study, Doug Altman, professor at the Oxford Centre of Statistics in Medicine and chief statistics editor at the *BMJ*, said that as these rates were based on self reporting they almost certainly underestimated the true picture.

Ginny Barbour, chief editor at *PLoS Medicine*, which was included in the study, said, "This

Findings from audit of 4000 patients clash with doctors' view of care pathway for the dying

Zosia Kmietowicz LONDON

Findings from an audit of nearly 4000 dying patients counter claims made by doctors last week that a care plan developed in a Liverpool hospice is "causing a national crisis in care." The doctors claimed in a letter to a national newspaper that families and friends of patients were angry at witnessing the denial of fluids and food to patients.

However, the national care of the dying audit of hospitals, published this week, says that records show that most patients whose treatment followed the framework, known as the Liverpool care pathway, received high quality care and were comfortable in the last 24 hours of life.

The audit was carried out by the Marie Curie Palliative Care Institute Liverpool, in collaboration with the clinical standards department of the Royal College of Physicians.

It was published just a week after a letter appeared in the *Daily Telegraph* (www.telegraph.co.uk/comment/letters/6133157/Dying-patients.html) claiming that "a nationwide wave of discontent is building up" as the Liverpool care pathway is used more widely.

The letter's six signatories, who include P H Millard, emeritus professor of geriatrics at the University of London, Anthony Cole, chairman of the Medical Ethics Alliance, and Peter Hargreaves, a consultant in palliative medicine, say, "If you tick all the right boxes in the Liverpool Care Pathway, the inevitable outcome of the consequent treatment is death.

"As a result, a nationwide wave of discontent is building up, as family and friends witness the denial of fluids and food to patients. Syringe drivers are being used to give continuous terminal sedation, without regard to the fact that the diagnosis could be wrong."

In 2007-8 16.5% of all deaths were the result of terminal sedation, a figure they call "disturbing."

"Experienced doctors know that sometimes, when all but essential drugs are stopped, 'dying' patients get better," they wrote.

Altogether 155 hospitals in England contributed to the 2008-9 national care of the dying audit of hospitals, the second time it has been done, by forwarding data on 3893 patients.

The results showed that some aspects of care of the dying needed improving. About a quarter of relatives of dying patients were not told about the pathway (28%) or that their loved one was entering the dying phase (24%).

The audit can be seen at www.rcplondon.ac.uk.

Cite this as: *BMJ* 2009;339:b3799

MARTIN ROEMERS/PANOS

Some doctors are worried that putting patients on the Liverpool care pathway hastens their death

a "guest" author

is dishonesty, and we shouldn't tolerate it."

Annette Flanagin, managing editor at *JAMA* and one of the study's authors, said that she had hoped to find an improvement over time. "The fact that we didn't is a serious cause for concern," she said.

Delegates at the meeting had little to offer by way of solutions other than greater vigilance among journals and naming and shaming of authors, institutions, and drug companies found to have been involved.

In a separate study Lisa Bero and Jenny White from the Institute of Health Policy Studies in San Francisco, California, found that journals with less stringent policies in tackling guest and ghost authorship were more likely to fall victim to drug companies using these practices to market their drugs.

Cite this as: *BMJ* 2009;339:b3783

Doctor cleared of proposing fatal dose

Clare Dyer BMJ

A GP has been cleared by the General Medical Council of instructing a nurse to administer a fatal dose of insulin to a terminally ill patient in a care home who was begging to be allowed to go home to die.

Rajiv Chhabra was merely "verbalising a thought" and not making a request when he said that a high dose of insulin would be the answer to the 85 year old patient's problems, a GMC fitness to practise panel concluded.

But the panel held that he acted inappropriately, irresponsibly, and against the patient's best interests in giving voice to the thought in the presence of the patient, Mrs A, who was alert and could have heard him. It could have given rise to the expectation that her death could be "facilitated in an illegal and unethical manner."

The panel decided, however, that the "momentary lapse" in an otherwise "unblemished career" did not amount to misconduct and his fitness to practise was not impaired.

Dr Chhabra, 39, was caring for the woman, who had terminal ovarian cancer and insulin dependent diabetes, after she was admitted to Bluebird Lodge, a transitional care home near Ipswich in Suffolk. She had tried to go home to die but was brought back by her son because of the level of care she needed.

The GMC alleged that the GP had asked Teresa Walls to administer the lethal dose, but she refused and left the room, taking the syringe with her. However, the panel held that he had never intended the dose to be given. In the event, a normal therapeutic measure was prescribed.

Cite this as: *BMJ* 2009;339:b3812

Obama calls for Congress to pass plan for healthcare reform

Janice Hopkins Tanne NEW YORK

President Barack Obama spelled out his plan for reforming US health care in a speech last week. He insisted that it was the moral thing to do and now was the time to do it.

Previously he set out broad principles and relied on Congress to come up with a detailed plan, which led to acrimony and confusion.

"The plan I'm announcing tonight would meet three basic goals," he said. They are stability and security for people who have health insurance so that they don't lose it if they change jobs or become ill; insurance for people who don't have it; and slowing the growth in healthcare costs.

The president spoke before a rare joint session of both houses of Congress, which also included members of his cabinet, justices of the Supreme Court, and dignitaries.

"I am not the first president to take up this cause, but I am determined to be the last," President Obama said, recalling that it was nearly a century since Theodore Roosevelt first called for healthcare reform. Failure to meet the challenge "has led us to a breaking point," where the working middle class can't get insurance through their jobs, can't afford to buy a policy, or are denied coverage because of a previous illness or condition.

"We are the only advanced democracy on Earth—the only wealthy nation—that allows such hardships for millions of its people," he said. Although the United States spends one and a half times more per person on health care than any other country, "we aren't any healthier for it." Rising insurance costs have made it difficult for many employers, especially small businesses, to insure their employees and put companies that compete internationally at a disadvantage.

JASON REED/AP/PA

President Obama said that he believes "a broad consensus exists" for his healthcare reform plan

The way to reform the system is "to build on what works and fix what doesn't," Mr Obama said.

Those citizens who already have health insurance through their jobs or through government programmes, such as Medicare for elderly people, Medicaid for poor people, and the Veterans Administration for former military personnel, would keep what they have.

People who do not have health insurance would be able to shop for quality, affordable insurance in an exchange, where companies would offer competitive policies. Tax credits would help people who still could not afford insurance. The companies would have an incentive to participate because they would gain millions of new customers.

The health insurance exchange will come into being in four years. In the meantime, the government would "immediately offer low cost coverage that will protect you against financial ruin if you become seriously ill." He made a point of crediting the senator John McCain, whom he defeated in the election, for this "good idea."

New legislation would make it illegal for insurance companies to deny coverage because of a pre-existing condition, to drop coverage when a person became ill, and to place a limit on the amount of coverage in a year or over a lifetime, and it would limit what people must pay in out of pocket charges. Insurance companies would also be required to cover check-ups and preventive care.

People would be required to buy health insurance. Those who did not and companies that did not provide it would pay a penalty.

Mr Obama said that he thinks "a broad consensus exists" for the plan.

A transcript of the speech is at www.whitehouse.gov.

Cite this as: *BMJ* 2009;339:b3719

Study finds that four in 10 young people around the world

Zosia Kmietowicz LONDON

The first study into global deaths among 10-24 years olds has found that 2.6 million children and young people died in 2004, two in five of them from injuries and violence (*Lancet* 2009,374:881-92). The findings call into question the focus of worldwide child health policies, which prioritise HIV/AIDS and maternal mortality, say the authors .

Most deaths (2.56 million or 97%) among children and young people occurred in poor and middle income countries, two thirds of them (1.67 million) in sub-Saharan Africa and South East Asia, despite these regions containing just 42% of the juvenile population, the study found. High income countries had only 3% of the deaths, despite having 11% of the population in the age range studied.

The study found that the risk of dying between the ages of 10 and 24 in Africa was nearly seven times the risk in rich countries (305 *v* 45 deaths per 100 000). African women aged 20 to 24 had the highest morality rate of all groups, at 522 deaths per 100 000.

George Patten, from the Centre for Adolescent Health and Murdoch Children's Research Institute in Parkville, Australia, and lead author of the study, said, "There is a paradox of adolescent health. From the age of 14 the individual is stronger, smarter, fitter, etc, than at any other age of life." But shifts in health take place around puberty, and new health risks with potentially life threatening consequences become prominent.

Overall 52% of deaths among young males were the result of injury, including road traffic crashes, fires, drowning, suicide, violence, and war. Infectious diseases accounted for 27% of male deaths and chronic diseases 21%. Among females 30% of deaths were the result of injuries.

Cite this as: *BMJ* 2009;339:b3742

Mentally ill prisoners continue to face death penalty in Japan

Zosia Kmietowicz LONDON

The human rights group Amnesty International has called for an end to the use of the death penalty in Japan, where prisoners sentenced to death who are mentally ill continue to be executed, in contravention of international law.

Professional medical bodies are also being asked to state their opposition to doctors and nurses participating in capital punishment. Instead they should demand good health care for prisoners, says the report.

The harsh conditions in Japanese prisons have led to many inmates developing mental illness, says Amnesty, which conducted a four month investigation into the extent to which mental health is taken into account in the use of the death penalty in the country. It found virtually no safeguards to prevent prisoners on death row with mental conditions being executed.

Kate Allen, the UK director of Amnesty International UK, said, "Japan's death row system is driving prisoners into the depths of mental illness, but they are still being taken and hanged at only hours' notice in an utterly cruel fashion.

"The mental anguish of not knowing whether each day is to be your last on earth is terrible enough, but Japan's justice system also sees fit to bury its death row prisoners in the most punitive regime of silence, isolation, and sheer non-existence imaginable."

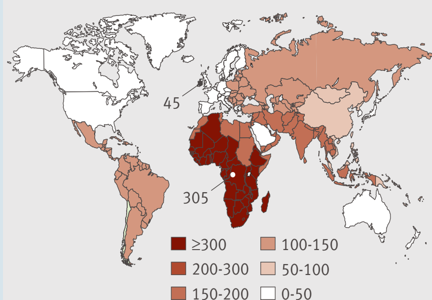
Ninety seven prisoners aged from 26 to 85 currently face execution in Japan.

The report is at www.amnesty.org.uk.

Cite this as: *BMJ* 2009;339:b3729

die from injuries

ALL CAUSE MORTALITY IN 10-24 YEAR OLDS (PER 100 000)



AIDS campaign that used Hitler lookalike provokes outrage

Ned Stafford HAMBURG

A video advertisement made in Germany depicting a naked and grinning Adolf Hitler having sex with a woman has been strongly criticised around the world by many—but not all—experts on HIV and AIDS as the wrong approach to increase awareness of the disease.

The video and accompanying print advertisements and posters, which also feature the dictators Saddam Hussein and Joseph Stalin, carry the slogan: "AIDS is a mass murderer." The campaign was commissioned by Regenbogen, an AIDS awareness group that believes that public concern about HIV and AIDS is diminishing, even while the number of infections and deaths continues to rise.

On the campaign website Regenbogen, whose name means rainbow, explains: "The campaign is designed to shake people up, to bring the topic of AIDS back to centre stage, and to reverse the trend of unprotected sexual intercourse."

The 45 second video begins with an unidentifiable man and woman entering a dimly lit apartment and beginning to fondle each other. They peel off their clothes and end up in bed. At the end of the commercial the still anonymous man, sprawled over the woman, lifts his head to reveal the panting and grinning face of Hitler. The campaign slogan then appears, followed by the message "Protect yourself!" and finally the campaign's web address (www.aids-is-a-mass-murderer.com/).

The advertisement has provoked widespread outrage in Germany, which until recent years has strenuously avoided artistic likenesses of Hitler. Carsten Schatz, board member of the Berlin based AIDS awareness group German AIDS Assistance, said, "This disgusting spot with an Adolf Hitler imitator mocks all the victims [of the Nazis] and compares HIV positive people to mass murderers." He said that, rather then helping, the campaign harms HIV prevention work. He added that the campaign does not tell people how to protect against HIV transmission and is totally inappropriate for teenagers.

Mr Schatz has strong support in London. Deborah Jack, chief executive of the UK AIDS charity the National AIDS Trust, said, "It is over the top, misleading, and harmful. Effective public health campaigns can sometimes use shock tactics well—but irresponsible and incredible statements only mean that in the end people stop listening."

UWE DÜTTMANN/DAS COMITEE

One critic called the awareness campaign "a defamation and mockery" of victims of the Nazis

Stephan Kramer, general secretary of the Central Council of Jews in Germany, called the advertising campaign "a defamation and mockery" of Nazi victims, who included homosexuals.

Dirk Silz, managing director of Das Comitee, the Hamburg agency that conceived the idea and produced the campaign, told the *BMJ* that Regenbogen had originally worked with other agencies to come up with a powerful campaign. "But their ideas were too boring," he said. "Regenbogen asked us to make something with more impact."

Mr Silz says that the campaign has already been successful in raising awareness of the continuing risk of HIV infection. "Think about it: what is wrong about this campaign?" he asks. "If people donate money, then it is good, and who can complain?" He added: "We have lots of emails from around the world saying, 'Great. Keep going.'"

Amir Afkhami, assistant professor at the School of Public Health and Health Services at George Washington University in Washington, DC, is one supporter of the Hitler campaign, saying that there had been "an increasing lack of concern" about HIV infection in recent years.

Cite this as: *BMJ* 2009;339:b3793

Nominations open for next year's BMJ Group Awards for

Nigel Hawkes LONDON

The BMJ Group Awards are back—bigger, better, and with a stronger international flavour. Nominations are sought for 11 awards, to be presented at a gala evening at the Hilton, Park Lane, London, next spring.

This year's awards attracted a remarkably strong entry and were reported worldwide. The lifetime achievement award, voted for by readers of the *BMJ*, went to Judith Mackay, a leader in the battle against tobacco. Who'll win the 2010 award? Nominations close on 15 November, and award winners will be announced on 10 March.

"The 2009 awards were a bit of an experiment for us," admits Fiona Godlee, editor of the *BMJ*. "But it was soon clear from the high quality of the entries and from the feedback we got from nominees, winners, and sponsors that we should continue to run the awards. They clearly provide an important platform for celebrating the very best in health care internationally."

The 2010 awards will show a slight shift in emphasis, with greater importance attached to a theme central to the BMJ Group: getting research into practice. This subject forms a category of its own but also underlies several others, including awards for the primary and secondary care teams of the year, the best quality improvement project, and clinical leadership.

"We've chosen different categories this year to reward excellence in health care and to give younger doctors a chance to shine," says Ruth Staunton, marketing manager of the BMJ Group. "We also wanted the awards to be more international, so almost half the categories will be open to individuals and teams from abroad.

"Last year we had to turn people away from the awards ceremony, so this year we've chosen a larger venue. And we've recruited a fabulous list of judges."

The BMJ Group is seeking nominations in 11 categories:

- Research paper of the year—The judges will be looking for original research, published after 1 January 2009 either in the United Kingdom or internationally, that makes an important addition to knowledge and helps doctors and patients do better.
- Getting research into practice—This award, sponsored by the National Institute for Health and Clinical Excellence, will be for evidence based improvement in care, completed after 1 January 2008 anywhere in the world, that uses innovative methods to show measurable improvements in health outcomes.
- Primary care team of the year—Open to general practices in the UK, this award is for team projects or initiatives that have demonstrated improvements in patients' outcomes since 1 January 2008 and have used innovative methods.
- Secondary care team of the year—Hospital teams in the UK are eligible for this award, which is based on the same criteria of excellence as the primary care award.

Fighting and lack of rain result in mounting crisis in Sudan

Peter Moszynski JUBA

An upsurge of violence across southern Sudan is creating a "health catastrophe," say experts in the field.

As the World Health Organization mobilises urgent additional resources to cope with the crisis, the World Food Programme, warning that the region faces a "massive food deficit," has started emergency air drops of supplies.

More than 1200 people have been killed in a series of armed attacks and ethnic clashes in the region this year—more than the current death toll in Darfur, in the west of the country—leading to mounting concerns that this could presage a return to all-out war. WHO's secretary general, Ban Ki-moon, said he was "deeply concerned over the string of attacks and counterattacks" and the killing and displacement of "innocent civilians."

A WHO spokesman said last week, "The conflict in southern Sudan appears to be escalating." In addition to continuing attacks by the Lord's Resistance Army (LRA) in Western Equatoria state, inter-tribal clashes in the states of Upper Nile and Jonglei have left scores of dead and wounded.

The spokesman continued: "The LRA is continuing its campaign of terror . . . looting and ransacking homes, churches, and health facilities, stealing food, killing innocent civilians, and abducting young girls and boys. Many women and children have experienced or witnessed atrocities, including rape, looting, and abductions."

The attacks have intensified in recent weeks, causing mass displacement across the region. "The total number of people displaced following the recent attacks in Ezo [in Western Equatoria] is unclear," WHO said.

"Many IDPs [internally displaced persons] are still hiding in the jungle due to persistent fear of LRA attacks, while most displaced [people] are now living in camps organised by local authorities or host communities." Humanitarian workers were evacuated after the attacks.

WHO cautioned: "The severe shortage of food may lead to malnutrition in children and pregnant women. Many healthcare workers were among the displaced, and very few health facilities are operational . . . National immunisation days scheduled to take place in August were not conducted, owing to the insecurity."

Lise Grande, the United Nations' humanitarian coordinator in southern Sudan, last month warned that the region faces massive food deficits caused by a combination of late rains, high levels of insecurity and displacement, disruptions to trade, and high food prices.

PETER MOSZYNSKI

Thousands of pastoralists, like these boys at a Dinka cattle camp in southern Sudan, have been displaced by ethnic conflict

She said, "The rains necessary for the first harvest have failed, which will extend the hunger gap from June all the way through to October, when it normally ends in August."

In Sudan 18% of children aged under 5 years have acute malnutrition (wasting), and

excellence in medicine and health care

• Junior doctor of the year—This is a new award that is open to non-consultant, non-career grade doctors from the UK and abroad who have built up an exceptional portfolio of work or who have overcome exceptional challenges.

• Excellence in healthcare education—A UK only award, this will reward publications, initiatives, or projects in the calendar year 2008 that had measurable effects on improving education in health care.

• Best quality improvement—The judges will be looking for a UK based team or organisation that has implemented a change in care since 1 July 2008 that has made things better for patients, improved outcomes, and overcome barriers.

• Clinical leadership—Sponsored by McKinsey, the award will go to the individual in the UK who has done most since 1 January 2008 to achieve measurable improvements in the care of patients.

• Corporate social responsibility—Any healthcare organisation, from anywhere in the world, that has demonstrated outstanding commitment to the greater good of society since January 2008 is eligible for this award.

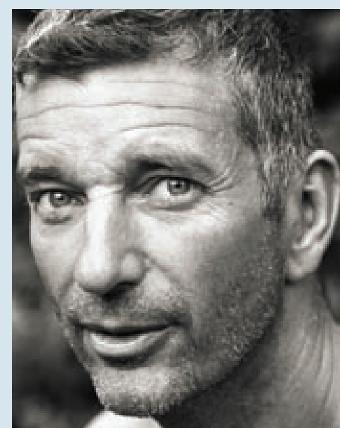
• Health communicator of the year—This award is open to UK residents who have shown excellence in promoting understanding of medicine and health in the published or broadcasting media.

• BMJ Group award for lifetime achievement—*BMJ* readers will have a chance to vote for the individual who, through a working lifetime, has made a unique and substantial contribution to improving health care. A panel of judges will select a shortlist from which *BMJ* readers will pick the winner in an online poll.

Each category in the awards will have an internal champion within the *BMJ*, and judging will take place early next year.

• Nominations are available online, and individuals can nominate themselves, their organisations, or anybody else (with their agreement). Entries must be made by Sunday 15 November 2009.

The host in 2010 will be Tony Hawks, also a comedian and perhaps best known for hitch-hiking around Ireland with a fridge, the outcome of a rashly undertaken bet. This venture was the subject of a successful book and is shortly to be released as a film.



ANDREW WARRINGTON

Comedian Tony Hawks, who carried a fridge around Ireland for a bet, will present the awards

Cite this as: *BMJ* 2009;339:b3766

48% are chronically malnourished (stunted), WHO's latest data show.

The situation has not been helped by Khartoum's expulsion of aid agencies in March, which resulted in large parts of the population being cut off from emergency relief and health care (*BMJ* 2009;338:b1341).

More information can be found at www.who.int/hac/crises/sdn/en/.

Cite this as: *BMJ* 2009;339:b3792

Wellcome and Merck will develop vaccines for poor countries

Lynn Eaton LONDON

A leading research trust and a major drug company have launched a £90m (€100m; $150m) initiative to boost research into vaccines for diseases that are prevalent in low income countries.

The Wellcome Trust and Merck have announced that they will jointly fund the creation of a new laboratory, to be based in India, that will develop affordable vaccine technology.

The MSD Wellcome Trust Hilleman Laboratories will be based in India and will be equally funded by the two organisations, which will also share decision making rights in the venture. It will operate as a not for profit company, developing new vaccines and improving existing products.

Many existing live viral vaccines do not have a long shelf life and cannot tolerate either extremes of heat or sudden changes in temperature. The researchers hope to design vaccine formulations and production processes that will be more suited to hot countries. Although they have yet to identify specific vaccines, the most likely contenders include those against measles, polio, noroviruses, and human papillomavirus.

Ted Bianco, director of technology transfer at the Wellcome Trust, said he was "really excited" by the move. "The Wellcome Trust recognises that if you want to see technological development it needs to be a collaboration between the public sector and industry.

"It's unusual for a research charity and a pharmaceutical company to set up an organisation like this, but we want this [laboratory] to develop the mindset of a business. The difference is that it is focused on low income countries."

He said that by joining forces with the drug industry the Wellcome Trust would be able to build on the research element, by working with a company with an "impressive record" of taking ideas from research stage into production and of marketing them.

"It's a way [for us] to channel that knowhow," he explained.

Merck has an affiliate company in India, MSD Pharmaceuticals. Like many other drug companies, Merck is keen to invest further in the development of new approaches to vaccine production, Dr Bianco said.

The £90m in funding will be spread over a seven year period. It will support some 60 research staff and developers. The exact location of the new company has yet to be finalised.

The institute's chief executive officer will be Altaf A Lal, who has worked for 20 years at the National Center for Infectious Diseases in the United States and who is currently health attaché at the US embassy in New Delhi.

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