

Congo polio immunisation campaign gets go ahead

Adrea Mach, *Geneva*

UN Secretary General Kofi Annan has announced an initiative to negotiate several special ceasefire agreements—called “Days of Tranquillity”—in the Democratic Republic of Congo so that some 10 million children under the age of 5 can be immunised against polio between July and September 1999.

In a first ever initiative, the heads of the World Health Organisation and Unicef, Dr Gro Harlem Brundtland and Ms Carol Bellamy, sent a joint appeal to Mr Annan, stressing the importance of this intervention as “the single highest priority for global

polio eradication.” Both the president of the Democratic Republic of Congo, Laurent Kabila, and rebel leaders controlling the eastern part of the country have given their preliminary assurances that weapons will be laid down while Congolese children are sought out and vaccinated.

A joint WHO-Unicef planning mission will go to Kinshasa in April to advise the Congolese Ministry of Health, which has primary responsibility for the areas under governmental control. The £9.4m (\$15m) projected budget is expected to cover three rounds of immunisation to bring popula-

tion immunity to the highest possible level. “To succeed in eradicating polio, we need access to children living in pockets of unrest and strife,” Dr Brundtland said. “The right to immunisation goes beyond conflict; all children have this right.”

The goal of eradicating polio worldwide by the year 2000 is one that the WHO set itself in 1988. Since then, the incidence of polio has declined by 90% around the world. National immunisation days have been conducted in over 120 countries. Formal truces for polio eradication have occurred in Sri Lanka, the Philippines, Afghanistan, Tajikistan, Sudan, and El Salvador. Last year alone, over 450 million children were immunised. Now, with only about 5000 annual cases of polio occurring, complete eradication is within reach. □

Walk-in health care

John Warden,
parliamentary correspondent, BMJ

Direct access to NHS health care through walk-in facilities on main streets or in shopping malls is to be pioneered in England this year with government funding of up to £30m (\$48m) to finance pilot schemes. Walk-in services could also be provided by GPs or by cooperatives out of hours.

The health secretary, Frank Dobson, aims to provide services at places and times that are convenient to patients. Some schemes may provide instant treatment, others may be confined to advice. “This is not intended to replace general practice but to augment it,” Mr Dobson said.

He was announcing £200m of investment in accident and emergency departments and in new equipment for treating cancer. The first £100m, out of the £430m allocated in last week’s budget, will be used to upgrade all accident and emergency departments in England, creating admission wards in all but five of the 22 departments which lack them.

The purpose is to cut down on the long waits many patients have on trolleys.

Mr Dobson’s second initiative was to allocate an extra £150m of national lottery money over three years to be used to augment charitable fund raising for new equipment and facilities to diagnose and treat cancer.

● Two weeks after the failure of a royal commission to commend a system of long term care of the elderly that was acceptable to the British government (6 March, p 622), the Department of Health has formed a new group of experts to focus on services for older people. It is to produce by April 2000 a national framework to improve their health care.

The group is co-chaired by Ian Philp, a geriatrician, Sheffield, and Denise Platt, chief inspector, Social Services Inspectorate. □

Views are invited to Beccy Nicholls, NSF Development Manager, Room 330A, Wellington House, 125-155 Waterloo Road, London SE1 8UG.

Link between pollution and asthma uncovered

Tony Sheldon, *Utrecht*

Dutch researchers have uncovered elusive evidence of a direct link between air pollution and children’s asthma symptoms by first identifying groups at risk, such as children with allergies.

In research done at Groningen University, which was published last week (*Lancet* 1999;353:874-8), children with both bronchial hyperresponsiveness and atopy, a susceptibility to allergens measured by higher concentrations of IgE antibodies, were for the first time compared with children from control groups.

The researchers found that as concentrations of particulate matter and gases from car exhaust such as sulphur dioxide and nitrogen dioxide increased, the study children were significantly more likely to experience lower respiratory symptoms.

The effects on the study children were comparable with those on children who already had chronic respiratory symptoms. There was no measurable effect on the children who had neither condition.

Data were collected from 459 children aged 7 to 11 during



Pollution exacerbates respiratory symptoms in susceptible children

three winters from 1992 to 1995. The children were given a diary in which they recorded respiratory symptoms every day for three months; they also recorded lung capacity through peak expiratory flow measurements taken three times a day.

Atmospheric concentrations of particulate matter of less than 10 µm in diameter, black smoke, sulphur dioxide, and nitrogen dioxide were continually measured.

The results showed that for children with both bronchial hyperresponsiveness and atopy, lower respiratory symptoms such as attacks of wheezing and shortness of breath increased by between 32% and 139% for each 100 µg per cubic metre increase in particulate matter. For every 40 µg per cubic metre increase in black smoke, sulphur dioxide,

or nitrogen dioxide there was an increase of between 16% and 131%.

Although air pollution is regarded as a possible cause of the more than doubling of asthma cases in the past 30 years, evidence of an effect of air pollution on children’s health has so far been inconclusive (*BMJ* 1996;312:649).

But Dr Marike Boezen from Groningen University explained that unlike in other studies, her team had taken a step back at the start of their study and characterised children according to features that would make them prone to respiratory symptoms.

“If you want to study air pollution you must try to focus on identifying susceptible groups. There are no really measurable health effects on children who are not allergic.” □