

In brief

Ethiopia seeks medical help:

People in Ethiopia's remote southwestern South Omo region have appealed for urgent medical help to cope with an outbreak of cerebral malaria after recent flooding. In the 5000 strong Mursi ethnic group, 43 people have died of suspected malaria. For details contact markos.duko@simeth.org.

Europe agrees action on fake drugs:

The 46 members of the Council of Europe have agreed to draft an international convention against crimes related to fake medicines. This would establish the offences as serious crimes and would contain penalties for anyone caught manufacturing or distributing counterfeit pharmaceuticals.

NHS face transplant given go ahead:

Professor Peter Butler received the go ahead from the ethics board at the Royal Free Hospital in London last week for the world's first full face transplant. About 30 disfigured people have been identified as possible candidates.

Hodgkin's disease associated with increased cancer risk:

Results from a British population based cohort study of breast cancer in women who had Hodgkin's disease as children shows an increased risk associated with supradiaphragmatic radiotherapy. The cumulative risk after 25 years of follow-up was 9.9% (95% confidence interval 3.3% to 16.6%) for all female Hodgkin's disease survivors and 12.2% (4.3% to 20.1%) for women treated with supradiaphragmatic radiotherapy (*International Journal of Cancer* 2006 Oct 26, doi: 10.1002/ijc.22261).

Flu jab fails to reduce deaths:

An Italian study of people over 65 years old has found no decline in deaths related to influenza with increasing vaccination coverage (*Vaccine* 2006;24:6468-75). The authors say that the vaccine failed to protect elderly people against death or the vaccination efforts did not target adequately the frailest elderly people. A review in the *BMJ* last week highlighted the lack of evidence for influenza vaccine (2006;333:912-5).

Italian court upholds ban on pre-implantation diagnosis

Fabio Turone *Milan*

A decision by the Italian Constitutional Court last week has provoked debate in Italy about the restrictive law on assisted reproduction, which was approved in 2004. The law limits in vitro fertilisation procedures to sterile couples and bans pre-implantation diagnosis and embryo freezing except in exceptional circumstances. It also bans doctors from discarding any embryos produced by in vitro fertilisation (*BMJ* 2004;328:9, *BMJ* 2004;328:1334, and *BMJ* 2005;330:1405).

The court turned down an appeal from a couple who were having in vitro fertilisation and who were at high risk of having a child with thalassaemia. The couple did not want to have an embryo replaced without having it tested for the disease.

Giovanni Monni, who heads the gynaecology department of the Ospedale Microcitemico in Cagliari, Sardinia, said, "The woman was informed about the law. When we finally obtained

the embryo, in June 2005, she was so shocked about the law she didn't agree to have the embryo implanted without knowing whether it was affected by thalassaemia. She had already had two abortions in the past, after positive results for thalassaemia from chorionic villus sampling."

The couple said in court that the law put the health of women in danger, because, without the possibility of preimplantation diagnosis, women are often exposed to the mental stress of prenatal diagnosis and abortion.

"The couple are now considering going abroad and starting again," said Dr Monni. The law does not set any penalty for a woman who refuses to have all her embryos implanted. In those circumstances, a doctor is allowed to freeze her embryos—one of the few instances in which freezing is allowed.

Then, when the embryos are considered abandoned, they are sent to an embryo bank in Milan,

where, in theory, they can be "adopted." Couples are not allowed to take frozen embryos abroad for implantation.

"Sadly, the ban of pre-implantation testing is favouring procreative tourism among the wealthiest and abortions among the poorest couples," said Dr Monni. "Research that we published on over 35 000 prenatal testing procedures performed in our centre from 1977 to 2004 shows that in case of a genetic or chromosomal defect the couple opts for abortion around 98-99% of the time" (*Fetal Diagnosis and Therapy* 2006;21:348-54).

The Italian health authorities do not yet have a clear picture of the effects of the law because the register of all centres performing in vitro fertilisation that was made mandatory by the law only started in January 2006.

"We are still collecting the first data, relative to 2005," said Giulia Scaravelli, the head of the registry at the Istituto Superiore di Sanità, the national institute of health, in Rome. "What we can already say is that it won't be easy to have data about the outcome of the pregnancies and the health of the newborns for several years at least." ▶

Scientists ask Libya to release medical workers facing death sentence

Katka Krosnar *Prague*

A group of 44 international researchers have had a letter published that backs the case of five Bulgarian nurses and a Palestinian doctor who are facing the death sentence for allegedly infecting hundreds of Libyan children with HIV.

The six have been incarcerated in a Libyan prison for seven years ever since being charged with intentionally infecting about 400 children with HIV. The Libyan government claimed it was part of a terrorist conspiracy against Libya. The six had been sentenced to death but are being retried. They strongly deny the charges and say they were tortured to extract confessions.



Scientists say Palestinian doctor Ashraf Hajjuj (left), Bulgarian nurse Nasia Nenova, and fellow defendants did not get a fair trial

In a joint letter to the journal *Science*, the researchers, including eminent virologist Robert Gallo, wrote that the scientific evidence and hospital records show that the virus was present in the Al Fateh Children's Hospital, Benghazi, before the foreign workers arrived in March 1998. The HIV-1 infections in the children arose from a single source, and the virus was of the CRF02_AG subtype, which is common in

sub-Saharan Africa, they said.

The most reasonable explanation for the outbreak, the group argues, is poor infection control practices, including the lack of sterile, disposable injecting equipment.

"The Libyan court chose to exclude expert testimony from independent scientists and to prevent access to crucial pieces of evidence to test for HIV contamination." ▶