

The new programme, he says, would be a signal that “the Commission is getting more involved in the sector of public health — and that is good for the work of WHO”. Once up and running, WHO is planning to collaborate closely with the EU networks, among other things in order to avoid any duplication of effort, Danzon says. “It’s neither in their interest, nor in ours. But the risk really is minor. In the field of epidemiology and public health, there are far too few people and too much data. In fact, there is work for 1000 organizations. The [Commission’s] intention is good, the plans are good; now let’s implement them together.”

But Trakatellis’s — and the Parliament’s — vision has still a long way to go. The Council of the EU, composed of the responsible ministers of the member states, has its say on the proposal. Then the Commission, the Parliament and the Council have to settle on a compromise.

“The Commission is not ruling out anything for the future but the first priority right now is to get the new programme up and running — which, given its scope, is a massive effort,” a Commission spokeswoman, who requested anonymity, told the *Bulletin*. Discussions are under way with other health agencies, including WHO, she added, on a broad range of topics, including what has to be done to make sure that there is no duplication of effort when the new programme goes into effect.

The Parliament’s April vote is thus likely to mark the beginning of some heated debate. ■

Michael Hagmann, *Zurich, Switzerland*

Arsenic in water — how much is too much?

The United States is in the throes of a fractious debate about what the permissible levels of arsenic in water should be.

The current US standard of 50 parts per billion (ppb), in place since 1942, is criticized as dangerous by public health watchdogs, who would like to see the level reduced to 10 ppb, a change proposed by the Clinton administration in January. EPA chief Ms Christine Todd Whitman has asked the US National Academy of Sciences (NAS) to review more data and to consider standards ranging from 3 to 20 ppb and has also asked an advisory council to study the potential costs of lower standards. Meanwhile, the current standard of 50 ppb remains in place.

The arsenic found in drinking-water is primarily from natural sources — it leaches into groundwater from rocks and soil. It can also enter the environment as a by-product

of industrial and agricultural processes. WHO says prolonged exposure to arsenic in drinking-water causes cancer of the skin, lungs, bladder, and kidneys. In particular, the agency notes in a soon-to-be-published fact sheet, lung and bladder cancers have been observed at levels below 50 ppb — the international standard set by WHO in 1963. In 1993, WHO set 10 ppb as a “provisional guideline value” but notes that on health grounds this value “would be less than 0.01 mg/l [or 10 ppb]”.

Countries where arsenic in drinking-water has been detected at concentrations above 10 ppb include Argentina, Australia, Bangladesh, Chile, China, Hungary, India, Mexico, Peru, Thailand, and the US. In at least four of these countries — Bangladesh, China, India, and the US — adverse effects on health have been documented, WHO says. ■

Catherine Dold, *Boulder, Colorado, USA*

In Brief

Polio vaccine not HIV source, four studies show

Findings of four studies reported at the end of April — three in the journal *Nature*, one in *Science* — strongly refute a much-publicised theory that the first cases of AIDS resulted from African trials of an oral polio vaccine supposedly contaminated with the chimpanzee variety of HIV (SIVcpz). British writer Edward Hooper elaborated on the theory at length in his 1999 book, *The River*. Three of the new studies found neither chimpanzee DNA nor genetic material from HIV or SIVcpz in samples of the vaccine used in the trials, as would be expected if the theory was correct. The fourth study suggested that HIV was present in humans long before the vaccine field trials. Put together, these new studies show that the oral polio vaccine was not the source of AIDS. For more information see pp. 1045, 1046 and 1047 in *Nature*, 26 April, 2001 and p. 743 in *Science*, 27 April 2001. ■

And MMR vaccine not a source of autism, US panel says

A 15-member immunization safety review committee convened by the US Institute of Medicine concluded in a report released on 23 April that there is no causal relationship between the measles-mumps-rubella combination vaccine and autism, and “no proven biological mechanisms that would explain such a relationship”. Other leading health groups, including the American Academy of Pediatrics, WHO and British health authorities (see *News* story in the *Bulletin*,

p. 272, vol. 79, March 2001), have come to much the same conclusion. An MMR-autism link was first mooted in a study published in 1998 in *The Lancet*. Details from www.iom.edu/IOM/IOMHome.nsf/Pages/immunization+safety+review. ■

Petroleum funds to fuel malaria research

ExxonMobil announced in mid-April its support for three malaria initiatives — the Harvard Malaria Initiative (HMI), the Medicines for Malaria Venture (MMV) and the WHO-spearheaded Roll Back Malaria (RBM) programme. The petroleum and petrochemical company is donating US\$ 1 million to the HMI, a Harvard School of Public Health initiative focusing on basic research for antimalarial drugs and vaccines, and US\$ 300 000 to the MMV, a non-profit foundation that coordinates antimalarial drug development. A further, as yet unspecified, amount will go to RBM to support its antimalarial activities in five African countries — Angola, Cameroon, Chad, Equatorial Guinea and Nigeria — where ExxonMobil operates. For further information, visit these Web sites: www.hsph.harvard.edu/malaria, www.malariamedicines.org, www.who.int/rbm, and www.exxonmobil.com ■

Malaria researchers note: parasite genome now on Web

PlasmoDB, an Internet-based database allowing genomic analysis of *Plasmodium falciparum*, the cause of the most lethal form of malaria, is now available at <http://plasmodb.org>, two US research teams at the University of Pennsylvania announced in April. The database owes a lot to sequencing work conducted at two US institutions, the Institute for Genomic Research and the Naval Medical Research Center at Stanford University, and to the UK’s Sanger Centre. ■

First guidelines out for tackling deadly lung disease

The US National Heart, Lung and Blood Institute, together with WHO, issued in April the first international guidelines on diagnosing, treating and preventing chronic obstructive pulmonary disease (COPD). The guidelines were drawn up by the *Global initiative for chronic obstructive lung disease*, or GOLD, a team of COPD experts from more than 100 countries. Although it is the fourth leading cause of death in the world, COPD has failed to attract the attention it deserves from the international health care community and from governments, says GOLD chair Professor Romain Pauwels. For more information and a copy of the guidelines contact Dr Nikolai Khaltaev (khaltaevn@who.int). ■