In this month's *Bulletin*

Meningococcal disease control in sub-Saharan Africa (pp. 342–349)

The meningitis belt extends from Senegal to Ethiopia and includes 15 countries with an estimated population of over 270 million. In 1996, 189 690 cases were recorded in this area, and in 1997, 71 339 cases. Case fatalities exceeded 10% in both years. The WHO control strategy entails predicting an epidemic on the basis of 15 cases per 100 000 population and proceeding immediately to mass vaccination. This had a major impact on the epidemic of 1997, but additional measures are needed.

Tobacco use in Tunisia (pp. 350–356)

Tobacco use was reported by 30.4% of over 25-year-olds; 24.6% smoked cigarettes and 5.8% used traditional products: snuff, chewing tobacco and water-pipe tobacco. Only 5.2% of the women used tobacco, compared to 55.6% of the men. More people smoked in rural areas than in urban, and the percentage of smokers went down as education and income went up. Among men, smoking becomes less common in the older age groups; among women it peaks in the group aged between 35 and 54.

Death by injury in Ghana (pp. 357–364)

Injuries accounted for 8.6% of the deaths recorded in the main hospital mortuary in Kumasi, Ghana. Between 1996 and 1999, 12% of the deaths caused by injury were in the age range of 15–59 years, according to an improved record-keeping system set up in 1996. An average of 633 injury-related deaths a year were recorded with the new system, in contrast to 72 a year in the logbooks used before 1996.

Ectopic pregnancy in Guinea (pp. 365–370)

Ectopic pregnancy — implantation of the embryo outside the uterine cavity — is possibly the second most frequent cause of maternal death in developing countries (after abortion complications). A hospital-based study in Conakry from 1995 to 1999 found that the incidence of ectopic pregnancy increased from 0.4% of annual deliveries to 1.5% during this period.

The relation between education and coronary syndromes in Greece (pp. 371–377)

There is an inverse association between education and coronary risk, according to this study of 750 patients with acute coronary heart syndrome and 869 controls with no history of cardiovascular disease. The subjects and controls were randomly selected from across Greece. The least educated subjects had more adverse lifestyles for coronary risk than the better educated ones, but the association did not appear to depend on these factors. It may be due to psychosocial differences.

Epilepsy in the Gambia (pp. 378–383)

Worldwide there are more than 50 million people with epilepsy. An estimated 80% of them in developing countries do not receive effective treatment. Community surveys in rural Gambia found that the lifetime prevalence of epilepsy was 4.9 per 1000 population, and the continuous treatment rate was less than 10%. Every person with epilepsy had sought traditional treatment, and 61% of them said they would like to receive biomedical treatment if it were made available locally.

Can river blindness be eliminated? (pp. 384–390)

A microsimulation model for onchocerciasis transmission found that control strategies based exclusively on mass treatment with ivermectin could eliminate the disease. However, results for different treatment intervals, coverage levels and precontrol endemicities showed that with some combinations control programmes would have to continue for over 35 years. Reduction of the treatment interval from 12 to 6 months can halve the completion time of the programme.

Child mortality in São Paulo (pp. 391–398)

São Paulo has nearly 10 million inhabitants, and life expectancy at birth there has risen from 56.7 years in 1980 to 70.0 years in 1997. The mortality rate among children aged 12–60 months dropped by almost 30% between 1980 and 1998. Most of the decline occurred during the 1980s. Time series and spatial data analysis indicate factors affecting child survival, and where intervention is needed most.

Ascariasis in the Islamic Republic of Iran (pp. 399–402)

Mass treatment against infection with *Ascarasis* helminths in developing countries is reported to be highly effective, especially where other control measures such as improved sanitation are hard to implement. This was borne out in the province of Hamadan, where treatment with albendazole at three-month intervals was adminstered for two years in highly endemic districts. Infection rates at the beginning of the programme ranged from 75% in Toysercan district to 40% in Hamadan district. The average infection rate had decreased from 53.3% to 6% by the end of the two-year period.

Air travel and thrombo-embolism (pp. 403–406)

There is probably a link between air travel and venous thrombosis. However, it appears to be weak, mainly affecting passengers with additional risk factors for venous thromboembolism.

Defining and measuring reproductive health (pp. 407–409)

Criteria are proposed for an interview-based tool to measure reproductive health, as opposed to morbidity or mortality figures.

Will iodine deficiency disorders be eliminated? (pp. 410–417)

A programme of universal salt iodization was established in 1994. Its aim was to eliminate iodine deficiency disorders by 2000. By the end of 1999 more than 70% of the households in the world were using iodized salt, compared with possibly only 20% in 1990. Iodized salt production rose from 0.2 million tons in 1983 to 4.6 million tons in 2001. Impressive progress made, daunting challenges ahead. ∎