

### **Epidemiology of meningitis in Bulgaria** (pp. 690–695)

To provide the evidence needed for an informed decision about the use of *Haemophilus influenzae* type b (Hib) vaccines in Bulgaria, active surveillance for meningitis in under-five-year-olds was carried out over a 2 ½ year period. A mean annual incidence of 6.1 Hib meningitis cases per 100 000 children was found. On the basis of the study's findings, Hib conjugate vaccines have been included in the list of vaccines recommended for children by the Bulgarian Ministry of Health.

### **Protection against neonatal tetanus** (pp. 696–703)

The goals for 2000 set by the World Summit for Children included the protection of at least 90% of children against neonatal tetanus through the immunization of their mothers, as measured by tetanus toxoid coverage. Progress towards this goal was assessed by a multiple-indicator cluster survey in the middle of the 1990s in over 60 developing countries. In the Central African Republic, serological testing was added to the survey, to examine the relation between tetanus toxoid coverage and the prevalence of serological protection. Tetanus antitoxin seroprevalence was found to be 88.7%, whereas the tetanus toxoid coverage was only 74.4%.

### **Resistance to antimalarials in Somalia** (pp. 704–708)

Chloroquine treatment met with failure rates of 33% and 51% in two areas of Somalia, whereas 98% of patients treated with sulfadoxine/pyrimethamine had an adequate clinical response. However, doubts are raised about the therapeutic life of the latter since it met with high levels of parasite resistance. Alternatives will probably soon be needed.

### **Data collection for HIV/AIDS control in Senegal** (pp. 709–713)

HIV prevalence in 1140 clients in seven brothels in Dakar, Senegal, was found to be 4.4%. Collection of saliva samples proved to be an effective method of testing for HIV. In addition, health and socioeconomic data were collected from each client over the three-and-a-half month period, providing information on which to base HIV infection control strategies. The

prevalence of infection is still relatively low in Senegal, and the authors see this type of intervention as a means of delaying the onset of a larger epidemic.

### **Factors affecting survival for Ethiopian adults** (pp. 714–720)

Being literate and female were both found to be favourably related to the chances of surviving throughout adulthood. Age group and living area (rural highlands, rural lowlands or urban) were also found to have a significant effect. The most favoured group was young, female, literate urban dwellers. Though globally women live on average five years longer than men, little difference was found in mortality for men and women in the rural areas, possibly because of the harsh living conditions and the marginalization of women.

### **Maternal and neonatal health services in developing countries** (pp. 721–727)

Teams of national experts in 49 developing countries rated their maternal and neonatal health services on a scale of 0 to 100. Items for which they gave a score included emergency and routine services at health centres and district hospitals, the accessibility of these services for both rural and urban women, the likelihood of receiving particular forms of care, and supporting elements such as policy, training, resources and monitoring. The mean score was 56, which is in the area rated "weak" (50–69) in the overall assessment; 15 countries were in this area. Eight countries were rated "moderate" (70–89), 21 "very weak" (30–49), and four "extremely weak" (10–29).

### **Is vaccination against hepatitis A needed in northern India?** (pp. 728–731)

Researchers from the All India Institute of Medical Sciences found seroprevalence of protective antibodies against the hepatitis A virus to be over 95% in school-children over 10 years old in Delhi. They also found no increase in hepatitis A-induced acute viral hepatitis in adults, and conclude that mass vaccination may be unnecessary.

### **Arsenic in water: switch to a safe well** (pp. 732–737)

The distribution of arsenic in the study area in Bangladesh ranges from 5 µg per litre in some wells to 860 µg per litre in others. Levels over 50 µg per litre are considered to be unsafe. The authors found that 88% of the households in this area were within 100 metres of a safe well, and 95% were within 200 metres. Most of the villagers questioned agreed that switching to a nearby safe well was the best available remedial option. However, most wells are privately owned, so there are socioeconomic barriers to switching.

### **Reducing sleeping sickness in Angola** (pp. 738–745)

Control activities for human African trypanosomiasis in Quiçama, Angola, had stopped in 1976 because of the civil war. In 1997 health workers started carrying out survey and control activities, finding 1.97% of the population in the endemic areas infected in the first year, 0.55% in the second year, and 0.33% in the third. Cases found positive for the parasite in the survey were treated with pentamidine, melarsoprol and prednisolone. Active case finding reduced disease prevalence in this area by 83.3%.

### **Morbidity statistics: another paradox from Kerala** (pp. 746–751)

People with higher standards of living were found to have higher levels of illness and hospitalization as well. Factors such as access to health services and the ability to use them could produce artificial variations in the data.

### **Health information in Papua New Guinea** (pp. 752–758)

A change in data collection and reporting mechanisms became necessary in 1983 with the decentralization of the health system to the provincial level. The 20 provincial systems then gradually diverged, making it increasingly difficult to aggregate national data or compare the needs of different provinces. The Department of Health therefore introduced a new system in 1994, which began by simplifying monthly reporting on key indicators. Through the supply of stationery and software, combined with the training of staff from all health facilities, the system was introduced province by province over a period of 12 months. ■