In this month's *Bulletin*

Seeking ethical approval (p. 766)

In the first editorial, Laragh Gollogly asks readers whether there are exceptions to the rule that researchers should seek ethical approval for their studies. She cites two studies on patients with trypanosomiasis in the Republic of the Congo published in this month's issue of the *Bulletin*. When the authors were asked why they had not sought informed consent or ethical committee approval for these studies, they said they were not reporting primary research and that all data were collected as part of routine diagnosis and treatment. Moreover, patients had been diagnosed and treated according to national guidelines and agreements.

Sleeping sickness in the Congo (pp. 777–791)

Two research papers by Manica Balasegaram et al. investigate treatment of trypanosomiasis (sleeping sickness) in the Congo. The first analysed the treatment outcomes and risk factors for relapse in patients with early-stage human African trypanosomiasis in 2002–04. The second research paper looks at the pros and cons of treating late-stage Gambian trypanosomiasis with melarsoprol versus eflornithine.

Is IMCI reaching the poor?

In an editorial, Davidson R Gwatkin (p. 768) discusses Cesar Victora et al.'s (pp. 792–801) ongoing assessment of the Integrated Management of Childhood Illness (IMCI) strategy in Brazil, Peru and the United Republic of Tanzania. Victora et al. found that, while clear guidelines are provided for the selection of the districts that should use IMCI first, no criteria have been established for promoting IMCI expansion, and areas of greatest need were not prioritized. Gwatkin calls their findings "sobering": that, overall, the strategy seemed to be implemented least energetically in the areas where it was most needed.

Relief coordination and emergency medicine

A year ago this month when a massive earthquake struck Pakistan, relief efforts were hampered by the lack of coordination. In an editorial, Mohammad Wasay & Saad Shafqat (p. 767) propose that WHO establish a centre to coordinate the response to natural disasters and a global database of volunteer health workers. In their public health review, Philip Anderson et al. (835–839) argue that systems providing emergency medical care are potent public health tools for reducing death and disease, and call on public health advocates and policy-makers to help incorporate the full range of emergency medical care into public health systems.

In the News (pp. 769–776)

William Burns reports from Geneva on WHO's role in helping to monitor and control disease outbreaks and on the difference the revised International Health Regulations will make in this respect from June 2007. Carolyne Nakazibwe reports from Kampala on a novel approach to treating malaria in Uganda and other African countries: home-based care. Mawusi Afele reports from Accra on how a street food boom in Ghana is spurring efforts to improve food safety. In this month's interview, Dr Kevin De Cock, Director of WHO's Department of HIV/AIDS, discusses the latest trends and developments in HIV/AIDS prevention, diagnosis and treatment.

Health service use in Canada due to injury (pp. 802–810)

CM Cameron et al. investigated long-term health service use following non-fatal injury in adults in Manitoba, Canada. The authors concluded that injured adults, when compared with non-injured adults, require longer periods of in-patient care, more contact with physicians, and have a higher risk of premature placement in institutional care. They also found that injured adults had a greater rate of health-care usage in the 12 months prior to the injury as well as in the 10 years following their injury.

Hib vaccination in South Africa (pp. 811–818)

A von Gottberg et al. analysed the prevalence of the *Haemophilus influenzae* type b (Hib) strain in South Africa within the first five years of the introduction of conjugate Hib vaccine into the routine child immunization schedule in 1999. They found that there had been a 65% decrease in the incidence of Hib infection among children aged under one year and, through enhanced surveillance, they concluded that children with Hib infection that was not typable were more likely to be HIV-positive.

Neonatal illnesses in India (pp. 819–826)

In rural India, children are usually delivered at home and qualified health-care workers are not consulted about neonatal illnesses. In their study, Shally Awasthi et al. identified several practices which possibly result in the high neonatal mortality rate, including delayed referrals caused by traditional healers, and they quantified community identification of signs of neonatal illness or "danger signs" as listed under the Integrated Management of Neonatal and Childhood Illnesses approach. They found that continuous neonatal crying was an additional easily recognizable danger sign. They found a paradoxical situation in which unqualified health-care providers dispense modern medicines and traditional medicines are used for potential bacterial neonatal infections. ■