**News**

**UK Ready to Buy Glaxo Malaria Vaccine in Advance**

24 November (Reuters Health)—Britain is ready to make advance purchases of a new malaria vaccine from GlaxoSmithKline Plc. (GSK) that could save a million lives a year, to ensure it gets on the market quickly and cheaply.

Around 500 million new cases of malaria are reported each year, 90% of them in Africa. But researchers said last month that the new vaccine may be able to protect a significant proportion of children against the disease.

GSK says its vaccine could reach the market in 2010, if it is successful in a final round of large-scale clinical testing.

In mid-stage phase II tests in Mozambique, GSK’s Mosquirix vaccine, which is directed at *Plasmodium falciparum*, reduced the risk of serious malaria by 58%.

“The next stage is to give the vaccine to infants under 12 months and, providing that is successful, then we would look to apply for a license,” said a Glaxo spokesman, adding that a new trial would ideally involve between 6000 and 20,000 children.

The product is the fruit of a new kind of public-private partnership under which charitable groups such as the Bill & Melinda Gates Foundation provide cash while pharmaceutical companies have had little incentive to develop vaccines for diseases that affect only the poor, since they do not provide significant profits.

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**Editor's comment.** This concept of advance purchase of vaccines to encourage pharmaceutical companies to produce them is exactly what is needed in the United States for influenza vaccine and perhaps other vaccines.

**Hantavirus Infections Documented in West Virginia**

24 November (Reuters Health)—The risk of hantavirus infection is not restricted to the Southwest, according to cases covered in the 26 November issue of Morbidity and Mortality Weekly Report.

Dr. J. Rooney, at the West Virginia Department of Health and Human Resources, and colleagues report on 2 men living approximately 12 miles apart in Randolph County, West Virginia, who were diagnosed with hantavirus pulmonary syndrome (HPS) in early July of this year.

The first patient was a 32-year-old wildlife sciences graduate student who had been handling mice over the previous month for a research project, even suffering bites to his hands. He did not consistently wear gloves or wash his hands after handling rodents.

The second patient was a 41-year-old who had trapped mice during a weekend visit to his family's log cabin.

Both patients developed disseminated intravascular coagulation and required ventilatory support. Serum samples tested positive for antibodies to hantavirus and hantavirus RNA. Despite aggressive supportive care, the graduate student died on the third day of hospitalization. The other patient made a slow recovery.

Investigators from the West Virginia Department of Health and Human Resources and the Centers for Disease Control and Prevention trapped mice in areas where both patients had been living. Serology and RNA analysis indicated one of the mice was infected with hantavirus.

An accompanying editorial notes the cases “underscore the need to educate the public and clinicians about the risk for HPS in areas outside the Southwest.” Simple, effective methods that reduce exposure to hantaviruses can reduce the incidence of HPS.

Among these are finding and sealing rodent entry-holes in buildings and using snap traps. Dead rodents, their excreta, nests, or other contaminated surfaces should be sprayed with household disinfectant or diluted household bleach. Disposable gloves should be worn when handling rodents or cleaning contaminated surfaces, and hands should be washed immediately afterwards.

Finally, all suspected cases should be reported to state health departments.


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**Editor’s comment.** Although the great majority of cases have occurred in the states of Arizona, California, Colorado, Montana, New Mexico, Texas, Utah, and Washington, small numbers of cases have previously been recorded in eastern states, including Massachusetts, North Carolina, New York, Pennsylvania, Rhode Island, Vermont, and Virginia.

**Acinetobacter baumannii Infection Surfaces in Injured US Soldiers**

18 November (Reuters Health)—An unexpectedly high number of US soldiers injured in the Middle East and Afghanistan are testing positive for *Acinetobacter baumannii*, Army doctors reported.

Between 1 January 2002 and 31 August 2004, a total of 102 cases of *A. baumannii* were diagnosed in soldiers at Walter Reed Army Medical Center in Washington, Landstuhl Regional Medical Center in Germany, and 3 other sites.

Although it was not known where the soldiers became infected, the Army said these cases highlight the need to improve infection-control in military hospitals.

Eighty-five of the cases occurred among soldiers serving in Iraq, the area around
Kuwait, and Afghanistan, according to a study published in the *Morbidity and Mortality Weekly Report* by the Centers for Disease Control and Prevention.

Military hospitals typically see about 1 case per year.

“Although some of the patients identified in this report had evidence of bloodstream infections at the time of admission to military medical facilities, whether the infections were acquired from environmental sources in the field or during treatment at other military medical facilities is unknown,” the Army said.

*A. baumannii*, which is found in water and soil and is resistant to many types of antibiotics, surfaces occasionally in hospitals, often spread among patients in intensive care units. The infection was also seen in soldiers with traumatic injuries to their arms, legs, and extremities during the Vietnam War.

Spread of the infection is often halted when health care workers wash their hands and those of their patients with alcohol swabs, actively monitor those with wounds to the extremities, and promptly identify new infections.

Development of better drugs also is needed to help contain future outbreaks, Army officials said. In some cases, the only effective antibiotic is colistin, an older drug that is rarely prescribed today because of its high toxicity.

Health care providers in the United States are urged to watch for *A. baumannii* infections among soldiers who have been recently treated at military hospitals, especially those who were in intensive care units.

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**Female Gender May Raise Risk of Penicillin Allergy**

15 November (Reuters Health [Anthony J. Brown])—Females are nearly 5 times more likely than males to have a positive skin test for penicillin allergy, according to study findings presented at the annual scientific meeting of the American College of Allergy, Asthma, and Immunology.

“The finding of a gender disparity for penicillin allergy is relatively new,” senior author Dr. James T. Li, from the Mayo Clinic in Rochester, Minnesota, told Reuters Health. “Previous reports have showed trends suggesting an increased risk for women, but our study is the first, to my knowledge, to have enough subjects to achieve statistical significance.”

The findings are based on a study of 1759 patients who participated in a skin-testing protocol designed to reduce the use of broad-spectrum antibiotics and prevent antimicrobial resistance in the surgical setting. All of the subjects reported a history of penicillin allergy, but if the preoperative skin test showed no allergy, a penicillin-type drug was given in the operating room.

The researchers found that the protocol did, in fact, reduce the use of broad-spectrum antibiotics and help prevent antimicrobial resistance. However, in reviewing the data, an unexpected finding emerged—penicillin allergy was much more common in female patients than in their male counterparts.

Overall, 64 patients (3.6%) had a positive skin test to penicillin, the investigators state. Of these patients, just 11 (17%) were male; the remainder were female (83%) (*P* = .0001).

On multivariate analysis, adjusted for age and history of multiple drug allergies, female gender was linked to a 4.7-fold increased risk of penicillin allergy, the report indicates.

Dr. Li said the reasons why women might be predisposed to penicillin allergy are unclear. However, if other types of allergy are reflective of what occurs with penicillin allergy, “estrogen and other hormones don’t seem to play a major role,” he noted.

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**Investigational Protease Inhibitor Meets Trial Goal**

18 November (Reuters Health)—A greater portion of HIV-infected patients on the new protease inhibitor tipranavir achieved a reduction in their viral load than those given other protease inhibitors, Boehringer Ingelheim reported.

Tipranavir achieved a treatment response in 41% of patients compared with 14.9% on other protease inhibitors. Tipranavir, intended for patients whose disease is resistant to other drugs, was filed for US and European approval at the end of last month.

In the study of 863 patients in Europe and Latin America, tipranavir was compared with other PIs, such as lopinavir, saquinavir, and indinavir.

While adverse effects of tipranavir were similar to those of other protease inhibitors, patients on tipranavir had higher rates of liver enzyme and lipid elevation.

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