News

U.S. Orders More Bird Flu Vaccine

20 November 2006 (Reuters Health)—The US government said it had contracted for $200 million more worth of vaccines against the H5N1 avian flu virus.

The Health and Human Services (HHS) Department said it had awarded contracts to 3 makers—Sanofi Pasteur, Novartis, and GlaxoSmithKline (GSK)—for enough doses to cover 2.7 million people.

The vaccine will be formulated against a new clade of H5N1 that has emerged in recent months.

HHS Secretary Mike Leavitt said the new vaccine will add to the existing stockpile of 5.9 million doses of H5N1 vaccine, which is enough to vaccinate ∼3 million people because 2 doses are needed to achieve full immunity.

HHS eventually plans to buy and stockpile enough vaccine for 20 million people.

Any stockpiled H5N1 vaccine would not perfectly match whatever new strain emerges, but studies suggest it might help protect people from death.

Glaxo said it would make 800,000 doses at its newly bought factory in Canada, the first time it will be making bird flu vaccine in North America.

“Additionally, HHS also has the option to purchase pre-pandemic vaccines together with one of GSK’s proprietary adjuvant systems, which could mean that less antigen would be needed per dose to achieve a protective immune response,” the company said in a statement.

“This contract covers clade 2 of the H5N1 virus (A/Indonesia) for use in the US government stockpile. Previous stockpile contracts covered the clade 1 form of H5N1,” Sanofi said in a statement.

“Manufacturing and stockpiling >1 clade of H5N1 vaccine is strategic because circulating H5N1 influenza strains are mutating and diverging into distinct groups.”

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U.K. Urged to Stockpile 2 Anti-Bird Flu Drugs

20 November 2006 (Reuters Health [Patricia Reaney])—Britain should stockpile >1 antiviral drug to tackle any bird flu pandemic and appoint an independent flu specialist as a special adviser to the government, scientists said.

The Royal Society, an academy of leading scientists, is concerned the H5N1 avian virus, which public health experts fear could develop into a pandemic strain, might develop resistance to Tamiflu made by Swiss drug giant Roche AG.

To overcome any potential problems, the scientists recommended in a report the government should also stockpile GlaxoSmithKline’s antiviral drug Relenza.

John Skehel, chairman of the working group that produced the report, told a news conference strains of the virus resistant to Tamiflu have appeared when the drug had been used against seasonal influenza and in a small number of patients infected with H5N1.

“It is known…that not all viruses that are resistant to Tamiflu are also resistant to Relenza. That is the specific basis for recommending a joint stockpile of the 2,” he said.

Britain has stockpiled ∼14.6 million treatment courses of Tamiflu at a cost of ∼200 million pounds ($380 million).

Although the drug will not prevent a future pandemic, scientists believe it could mitigate its effects and may slow the spread of a pandemic until a specific vaccine is developed.

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Editor’s comment. As noted in the preceding article, strains of the virus that are resistant to oseltamivir have been isolated following treatment of a small number of infected patients with seasonal influenza and with H5N1 infection; however, as indicated here, there has not been a change in the general susceptibility of H5N1 to oseltamivir.


21 November 2006 (Reuters Health [Stephanie Nebehay])—HIV infection is rising in every region of the world and, most worrying, in countries like Uganda and Thailand that had been heralded as success stories in the fight against AIDS, UNAIDS and the World Health Organisation announced.

Nearly 40 million adults and children are infected worldwide, according to the

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“2006 AIDS Epidemic Update,” issued by the 2 agencies. The most striking increases are in east Asia, eastern Europe, and central Asia, mainly due to drug use and unsafe sex.

Somebody is infected with HIV every 8 seconds, equivalent to 11,000 infections worldwide every day, while another 8000 infected people die. “Evidence shows again that the global epidemic is growing in all areas,” Dr. Peter Piot, executive director of UNAIDS, told a news conference.

“Perhaps of even greater concern to me is the fact that in some countries that had known real results in the fight against AIDS—Uganda and some western countries—we see an increase in infection rates.”

Some 4.3 million people across the globe became infected with HIV this year, with a heavy concentration among young people, bringing the total number to an estimated 39.5 million.

Sub-Saharan Africa, which recorded 2.8 million new infections, still bears the brunt of the epidemic, with 24.7 million people living with HIV, according to the report.

Of the 2.9 million global deaths from AIDS last year—which Piot said was the highest number recorded—2.1 million occurred in Africa, the core area of the 25-year-old epidemic.

China’s HIV epidemic, where drug use accounts for about half the country’s estimated 650,000 infections, has reached “alarming proportions,” according to the report.

"With HIV spreading gradually from most-at-risk populations to the general population [of China], the number of HIV infections in women is growing too,” the report continued.

Uganda is among countries seeing a resurgence of infection rates, which were previously stable or declining, it said.

New data showed erratic condom use in Uganda and more men having sex with >1 partner, as well as evidence of rising HIV prevalence in some rural areas, according to Karen Stanecki, UNAIDS senior epidemiologist.

"In Thailand, another one of our past success stories, the number of new infections continues to drop but the epidemic is changing and countries such as Thailand and Uganda need to take into account the fact that epidemics do change over time,” Stanecki said.

In Thailand, a large percentage of new HIV infections occur in people considered “low risk,” she added, noting one-third of new infections are among married women.

“In Thailand it’s a shift, it is not the same people who are infected today as who were infected 10 years ago. The sex industry, we can say is safe, but the government neglected grossly the problem among injecting drug users,” Piot said.

“A country like Thailand, which was really at the forefront of the fight against AIDS, is lagging behind now when it comes to dealing with the problem in new populations, as far as the HIV spread is concerned.”

The report cited evidence of a diminishing or stable HIV spread in most east African and west African countries, while epidemics still grow in Mozambique, South Africa, and Swaziland.

Piot told reporters: “There has been progress in the fight against AIDS, firstly in Africa, where it was also time after all the investments that have been made.”

In South Africa, where an estimated 5.5 million people have HIV, the epidemic continues unabated, suggesting the disease’s prevalence has not yet reached a plateau, the report said.

Piot welcomed South Africa’s recent pledge to do better against the disease, including using antiretroviral drugs, which its leaders had previously questioned.

In Asia, an estimated 8.6 million people are living with HIV, an increase of nearly 1 million, and 630,000 people died from AIDS-related illnesses in the vast region this year.

India, where the epidemic appears to be stable or diminishing in some parts, while growing modestly in others, has 5.7 million infected people, mainly through heterosexual sex.

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Editor’s comment. This article is a good review of the current status of the spread of HIV infection in various parts of the world. Unlike the optimism of recent years, this paints a grim picture, where even former success stories are now experiencing reversals.