

West Nile Virus Season Off to Slow Start

So far, people have been infected in Colorado, South Dakota, Arizona, California, and New Mexico.

BY PATRICE WENDLING
Chicago Bureau

Significantly fewer cases of West Nile virus infection have been reported so far in 2005 compared with this time last year, but federal officials warn the season is still early.

By mid-July, the Centers for Disease Control and Prevention had received reports of 25 cases nationwide, including 1 death in Missouri.

In contrast, by mid July 2004, the CDC had received reports of 108 human cases, including 2 deaths.

There is no way to project where the disease will hit hardest this year, given the limited experience with the virus in the United States or its track record in Europe, Asia, and Africa, said Theresa Smith, M.D., a medical epidemiologist with the CDC division of vector-borne infectious diseases in Fort Collins, Colo.

"It has a seasonal nature, but not a truly cyclical nature," she said.

Of the 25 cases reported since Jan. 1, 2005, 15 (60%) were reported as West

Nile fever, 9 (36%) were reported as West Nile meningitis or encephalitis (neuroinvasive disease), and 1 (4%) had not been clinically defined at press time.

Testing of potential blood donors identified seven people with presumptive West Nile virus infection: Five occurred in Texas and two occurred in Arizona.

The number of overall cases so far is too small to allow comparison of the epidemiology of the virus this year with last year. But acute flaccid paralysis has been recognized more frequently in the last 2 years, Dr. Smith said. None of the cases reported as of press time in 2005 have involved this paralysis syndrome.

One of the first signs of acute flaccid paralysis can be weakness in one limb, but there also may be no symptoms prior to the onset of paralysis.

As with poliomyelitis, numbness is not a feature of acute flaccid paralysis due to West Nile virus, although pain can be present.

Acute flaccid paralysis affects relatively healthy young people, as opposed to West Nile virus encephalitis or meningitis,

which tends to affect older people, she said.

The ages of patients infected with West Nile virus to date in 2005 range from 17 to 80 years, and none is believed to be pregnant, CDC spokesperson Christine Pearson said.

The CDC established a voluntary online registry in 2002 to report women who become infected with the virus during pregnancy. The CDC also established a voluntary birth outcome registry.

The action came after a 27-year-old woman infected with the virus delivered a full-term infant with cystic cerebral tissue destruction, severe chorioretinitis, and laboratory evidence of congenitally acquired West Nile virus infection.

There were no confirmed cases of intrauterine transmission in the 79 pregnancies reported to the registry in 2003-2004, Dr. Smith said.

There were three very early cases of postnatal West Nile virus infections that may have involved transplacental infection or virus transmission during delivery.

There have been nine major birth defects (12%) among the 79 pregnancies. But the birth defects were felt to be "chance occurrences" based on the phenotypic inconsistencies observed, she said.

There was some evidence of a possible pattern of microcephaly, but the numbers were too small to be conclusive.

"The registry is helping us understand what risks are present, and whether pregnancy with West Nile virus has definable, discernible outcomes," Dr. Smith said.

In February 2004, the CDC issued interim guidelines for evaluating infants born to mothers who acquire infection during pregnancy, but the agency did not advocate screening of asymptomatic pregnant women.

Screening, even in highly endemic areas, is not recommended given the lack of specific treatment for West Nile virus infection, Dr. Smith said, adding that the final infant evaluation guidelines are not expected for some time.

As of mid-July, Colorado had the highest number of cases with seven, followed by South Dakota (five), Arizona (three) and two cases each in California and New Mexico.

In 2004, 2,535 total human cases and 98 deaths were reported to the CDC, with the largest number of cases in Western states.

The highest number of reported cases was in 2003, with 9,862 cases of human illness and 264 deaths. ■

Federal Officials Aim to Boost Confidence in Vaccines

BY MARY ELLEN SCHNEIDER
Senior Writer

Federal health officials called a press conference last month to try to restore public confidence in childhood vaccines despite the charge by some parents that there is a connection between the vaccines and autism.

Several autism advocacy groups rallied on Capitol Hill last month to protest the use of mercury-containing thimerosal in vaccines.

But CDC director Julie Gerberding, M.D., said the predominance of evidence doesn't show an association between thimerosal in vaccines and autism.

Thimerosal has been used in vaccines as a preservative. However, since 2001 all vaccines recommended for children age 6 years and younger have either had no thimerosal or have contained only trace amounts.

One exception is the inactivated influenza vaccine. However, a preservative-free version, which contains trace amounts of thimerosal, is available in limited supplies. FDA officials are working with vaccine manufacturers to increase the supply of those doses, said Murray M. Lumpkin, M.D., acting deputy commissioner for international and special programs at the Food and Drug Administration.

In addition, all new vaccines licensed since 1999 are free of thimerosal as a preservative. Dr. Lumpkin said.



Dr. Gerberding said government researchers will continue to look at whether the evidence supports a link between thimerosal and autism but said it's important for researchers, policy makers, and parents not to base decisions on "unproved hypotheses."

"Today the best available science indicates to us that vaccines save lives," she said.

Researchers are trying to get an estimate of the prevalence of autism in children, and Dr. Gerberding said some of that data will be available next year.

In addition, researchers with the National Institutes of Health are investigating the risk factors and biological markers for autism.

"We need a war on autism, not a war on childhood vaccines," said Peter Hotez, M.D., chair of the department of microbiology and tropical medicine at George Washington University, Washington, and the father of an autistic child.

Dr. Hotez said he is confident that vaccines have nothing to do with his daughter's autism, and if he could turn back time he would still give his daughter the full complement of vaccines. Instead, he said that parents should be reminded of the consequences of not vaccinating their children. And attention should shift from unfounded claims about vaccines to the need for respite care and other services for families with autistic children. Dr. Hotez also called for more research into the cause of autism and genetic testing for the disease. ■

Researchers will continue to look at whether the evidence supports a link between thimerosal and autism.

DR. GERBERDING

Global Attention Needed to Combat HIV/AIDS Epidemic

BY SHARON WORCESTER
Tallahassee Bureau

The HIV/AIDS epidemic can be controlled but only with intensified global attention in the form of funding and leadership, United Nations officials and AIDS experts said in response to a status report by U.N. Secretary-General Kofi Annan.

The threat of HIV/AIDS requires the same kind of attention that is being paid to other pressing concerns, such as global security, Peter Piot, M.D., executive director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) said at a press briefing following release of the report, which was prepared for a high-level U.N. ministerial gathering to assess progress toward meeting goals set out in a Declaration of Commitment on HIV/AIDS. The declaration was adopted in 2001 by the U.N. General Assembly special session on HIV/AIDS.

The report states that "despite encouraging signs that the epidemic is beginning to be contained in a small but growing number of countries, the overall epidemic continues to expand, with much of the world at risk of falling short of the targets set forth in the declaration."

In 2004 there were more new infections (4.9 million) and more AIDS deaths (3.1 million) than in previous years, and as of December, an estimated 39.4 million people were living

with HIV, Secretary-General Annan wrote.

Furthermore, the toll of HIV/AIDS on women and girls has intensified, and many of the countries most affected are falling short of the 2005 target of reducing the level of infection in young people.

The expansion of the epidemic is outpacing the global response. About \$6 billion were available in 2004 to implement comprehensive programs in 135 low- and middle-income countries, up 23% from 2003. But by 2007, if current trends in spending continue, funding will be insufficient to finance a response that is "comprehensive in both scope and coverage," according to the report.

Achieving the targets specified in the declaration, including rapid expansion of HIV prevention, care, treatment and impact alleviation programs, will require immediate government action and substantial increases in funding.

"We are seeing real signs of progress in tackling AIDS at the community level, but it is still not enough," Secretary-General Annan said at the press briefing. "It is time for governments to translate commitment into concrete action."

Dr. Piot agreed, adding that access to prevention and treatment must be expanded.

As of December, only 12% of those requiring antiretroviral therapy were receiving it. ■