Deaths from nvCJD rise sharply

Judy Jones, *Malmesbury, Wiltshire*

Deaths from new variant Creutzfeldt-Jakob disease (nvCJD) rose to their highest ever reported quarterly total at the end of 1998. Nine deaths from the new variant form of the disease were reported to the National CJD Surveillance Unit in Edinburgh over that period, compared with two recorded for each of the previous three quarters.

Scientists at the unit say that the "unusual" rise in the number of reported deaths should be interpreted with caution as it may reflect improvements in detecting and confirming cases. They point out that only one death from nvCJD has been

notified this year up to 2 March.

The highest previous total number of deaths reported over three months—five—was notified to the unit in the first quarter of 1996.

An analysis of the 39 deaths from nvCJD reported so far in the United Kingdom was published in a letter to the *Lancet* (1999;353:979) from six of the scientific experts monitoring the progress of the disease.

"The number of variant CJD deaths during the coming years will provide a clearer indication of whether the apparent increase in deaths towards the end of 1998 was a chance obser-

vation or marks a change in the underlying mortality rate," the letter says.

Bovine spongiform encephalopathy was first formally identified in cattle in the United Kingdom in 1986. It resembled scrapie, a spongiform encephalopathy affecting sheep. Although cattle are ruminants and have evolved only to digest grass and other plant material efficiently, they were fed on sheep offal during the 1970s and 1980s. The practice was banned only in 1988.

Ten cases of nvCJD were reported in humans in 1996, which appeared to be distinct both clinically and pathologically, from sporadic and other variants of the disease.

The first reliable signs of a direct causative link between spongiform disease in cattle

and in humans emerged in 1997, with scientific evidence suggesting that the infective prions associated with bovine spongiform encephalopathy were identical with those of nvCJD.

An editorial in the *Lancet* (1999;353:939) last week lamented the "dangerous folly" that was allowed to prevail in farming in the United Kingdom and in animal feeding practices worldwide that continued to put profit before sound animal husbandry.

Commenting on the new analysis of the cases, it said: "Clinicians, though, now have at least one good reason to maintain a high index of suspicion concerning unusual presentations of diseases, and to support strict surveillance of these when they occur." □

FDA proposes measuring antibiotics in feed

James Ciment, *New York*

The problem of antibiotic resistant bacterial strains in the American food supply has once again come under scrutiny from the Food and Drug Administration (FDA). In the past few weeks, the agency has proposed a plan to test and report on the quantity and human health implications of antibiotics routinely added to animal feed.

Opponents of feed antibiotics say that their use increases the likelihood of the development of pathogens resistant to antibiotics. In early March, a coalition of 41 health and consumer groups requested that the FDA ban the routine use of antibiotics in feed if those same drugs were used for humans. A similar ban has been in effect in the European Union since last year, imposed in the wake of the outbreak of "mad cow" disease in Britain.

Both the request for the ban and the FDA proposal come in the wake of an article published last year in the *New England Journal of Medicine* (1998;338:1333-8), which noted the emergence of a superstrain of food borne salmonella resistant to most drug treatments.

Virtually unknown a decade

Pharmaceutical companies oppose calls to restrict use of antibiotics in animal feed

ago, this multidrug resistance threatens the recovery of millions of people struck by the disease annually.

It is estimated that farmers mix up to 7.3 million kg of antibiotics into the feed and water of chickens, pigs, and cattle annually, accounting for nearly one third of all antibiotics used in the country.

The drugs—not intended for any specific animal ailment—are used to prevent infection and speed growth. "To reduce rates of antibiotic resistance, we've got to eliminate unnecessary uses of antibiotics in all settings: in hospitals, in doctor's offices, and on farms," says Glenn Morris of the University of Maryland's Division of Hospital Epidemiology.

Industry experts disagree, arguing that the benefits of antibiotics in feed outweigh the unproved risks. "[Antibiotics]

improve the overall health of animals since [the animals] are growing faster," says John Keeling, the vice president for legislative and public affairs at the Animal Health Institute, an industry based research centre.

"They reduce animal suffering and diseases that are detrimental to animals and humans." He also says that eliminating antibiotics could cost consumers \$3bn (£1.9bn) annually.

Even advocates of the ban admit the chances of Congress approving such a prohibition are slim, noting that the pharmaceutical companies—which oppose even the limited FDA proposal—represent a powerful voice in Washington.

The FDA is expected to announce its decision in this matter after public hearings are completed in April. □

American trade union aims to recruit more doctors

Fred Charatan, *Florida*

Service Employees International Union, the largest healthcare union in the United States, has pledged \$1m (£625 000) in its drive to recruit salaried doctors, about half of the 600 000 practising doctors in the US. About 35 000 doctors (6%) are already union members.

The union plans to focus on the states of California, Florida, Washington DC, and Washington State, where doctors' unions are relatively strong. Doctors began to join unions in the 1970s, motivated by a revolution in health care (26 April 1997, p 1217).

The rush to join unions came because "American health care is in a state of hyperturbulence characterised by accumulated waves of change in payment systems, delivery systems, technology, professional relationships, and societal expectations," according to Professor Grace Budrys, the author of *When Doctors Join Unions* (Cornell University Press 1997).

The American Medical Association, although strongly in favour of doctors engaging in collective bargaining, is against doctors joining unions. □