Anti-flu drug may not reduce death rate

Gavin Yamey *BMJ*

GlaxoWellcome has admitted that its drug to treat influenza, zanamivir (Relenza), may not reduce mortality from flu. Dr Robert Pearson, GlaxoWellcome's respiratory associate medical director, commented at a press launch that there is "no evidence that Relenza will reduce mortality—we can't make any claims for its use in high risk groups."

Mortality was not an end point in one of the largest trials to date, based in Australia, New Zealand, and South Africa; only 17% of patients were considered at high risk—because of asthma—and most had only mild asthma (*Lancet* 1998;352:1877-81). Nor has mortality been an end point in any major trial of the drug.

Studies are yet to show whether the drug will reduce death rates in elderly people, immunocompromised patients, and those with diabetes mellitus or chronic respiratory, cardiac, or renal disease.

A flu management pack will be sent by GlaxoWellcome to all primary care groups in England this autumn. The pack will include a diagnostic guide to help professionals to distinguish

between flu and other viral illnesses.

Posters and information leaflets for patients will also be sent to GP, surgeries aimed at helping patients to decide if they have flu or only a cold and whether they should see their doctor.

The company says that it does not plan to introduce a "public awareness campaign," as adopted by Pharmacia and Upjohn in its current promotion of its incontinence drug tolterodine (4 Sep, p 591).

The impact on the NHS budget for introducing zanamivir has been estimated by GlaxoWellcome to be £10m-15m (\$16m-24m) for the 1999-2000 flu season. This assumes that only a third of patients with symptoms will consult their GP, but demand for the drug could be greater.

Dr John Chisholm, chairman of the BMA's General Practitioners Committee, warned that if demand coincided with a holiday period such as the millennium, it could lead to the NHS being dangerously overstretched.

"Because these new drugs are only effective if given within the first couple of days of the

Zanamivir works by preventing release of virus from cells in the epithelium of the respiratory tract

onset of symptoms and because the early symptoms of influenza are similar to those of other milder respiratory tract infections, the launch of these drugs will potentially lead to enormous patient demand and huge additional pressures on GPs and primary care services," he said.

Appraisal by the National Institute for Clinical Excellence,

which should guide doctors in their use of the drug, is not expected until early November.

Annual flu vaccination of elderly people and others at risk reduces both hospital admissions and deaths, but rates of vaccine uptake remain low. A Department of Health spokesperson said, "we need to do better on uptake of vaccination in people most at risk." □

China moves to tackle iodine deficiency

Ted Plafker *Beijing*

China is aiming to eliminate iodine deficiency disorders by the end of the year 2000, although the government estimates that one third of its 1.3 billion people still live in areas where there is a low concentration of iodine in the local water supply.

Among the latest steps announced in the nationwide campaign was the opening this summer of the National Iodine Deficiency Disorders Reference Laboratory. The laboratory, which is housed at the Chinese Academy of Preventive Medicine in Beijing, will, as its prima-

ry task, provide China's 31 provincial laboratories and its hundreds of local facilities with the reliable reference standards and quality control indicators that they need to monitor the problem.

According to Li Sumei, director of the national laboratory, the provincial and local facilities are sent samples of blood, urine, and salt twice yearly to see whether they can properly identify iodine levels. Among laboratories at the provincial level, 95% of the results fall within an "acceptable range of accuracy."

But Dr Li admits that there are many problems with the local level laboratories because "the quality of the technicians is lower and they receive less training." The new national laboratory's other responsibilities include developing nationwide training programmes and teaching mate-

rials and reporting to the Chinese Ministry of Health on the progress of the campaign against iodine deficiency disorders.

In areas with sufficient concentrations of iodine in the water supply, locally produced meat, dairy products, and grain are expected to contain adequate amounts of dietary iodine. In many countries, especially those with coastlines, there is no need to add iodine to the diet.

Since 1995, China has banned the use of non-iodised salt and has succeeded in enforcing the ban in more and more areas of the country. The remote and impoverished province of Ningxia, for example, recently reported that iodised salt was available in 78% of its localities compared with 23% in 1995. However, iodised salt is slightly more expensive than non-iodised

salt, which is often sold on the black market.

According to Dr Li, the incidence of "serious iodine deficiency" in children aged 8 to 10 years has been cut nationally from 20% in 1995 to less than 10% this year. Over the same period, the incidence of goitre dropped from 24% to under 11%.

Iodine deficiency can also cause hypothyroidism, complications in pregnancy, and cretinism in infants. China's Ministry of Health estimates that iodine deficiency is a factor in more than 90% of the nation's 11 million cases of mental disability.

Charles Rycroft, a Unicef official based in Beijing, said that iodine deficiency continued "to place a major social and economic burden on generations of Chinese." Unicef is one of the laboratory's sponsors. □