In brief

Vaccine initiative gains major donations: The Bill & Melinda Gates Foundation has donated \$750m (£400m; €575m) and Norway has committed \$290m to the Global Alliance for Vaccines and Immunization, launched in 2000. More than two million people in poor countries die needlessly each year because they do not get appropriate immunisations. See www.vaccinealliance.org

FDA is sued for postponing emergency contraception: The Center for Reproductive Rights and other groups are suing the US Food and Drug Administration for delaying approval of over the counter emergency contraceptives. Family planning groups say that such contraception could prevent nearly half of the 1.5 million unplanned pregnancies in the United States each year, half of which are terminated by abortion.

Canadian court bans tobacco advertisements at point of sale: Canadian antismoking groups have praised a Supreme Court ruling backing a Saskatchewan law that bans prominent cigarette displays in shops that are open to children. Tobacco companies and other commercial interests are expected to appeal, but several other Canadian jurisdictions promise similar action.

UK suicide rate among young men falls: The suicide rate among young men has fallen to its lowest level for almost 20 years, but although it has dropped by almost 30% from its peak in 1998, it is still high compared with the overall population. The second national suicide prevention strategy annual report can be found at www.nimhe.org.uk

Doctors in Nigeria end strike: Resident doctors in Nigeria have suspended their 8-week-old strike, which had crippled public health services right across the country (bmj.com, 20 Nov 2004, News Extra). This is in response to a promise by the government to pay all outstanding wages. The doctors have asked that the payments be made within the next two weeks.

Rofecoxib caused excess heart disease

Susan Mayor *London*

The COX 2 (cyclo-oxygenase-2) inhibitor rofecoxib (Vioxx) could have caused an estimated 88 000-140 000 excess cases of serious coronary heart disease in the United States since its launch in 1999, says a study published this week. The drug was withdrawn in September last year after being linked to increased cardiac deaths (*BMJ* 2004;329:816).

The study analysed a cohort of all patients age 18-84 years receiving health care from a managed care organisation, Kaiser Permanente, in California, who were treated with a non-steroidal anti-inflammatory drug between 1 January 1999 and 31 December 2001. Just under a million of the patients had been treated with ibuprofen, about 435 000 with naproxen, 40 000 with celecoxib, and

27 000 with rofecoxib. Each person whose condition was coded as serious coronary heart disease—defined as acute myocardial infarction and sudden cardiac death—was matched with four controls based on age, sex, and health plan region.

Results showed that 8143 cases of serious coronary heart disease—including 2210 (27%) fatal cases—occurred during 2 302 029 person years of follow up. People taking rofecoxib (all doses) had a 34% higher chance of coronary heart disease (adjusted odds ratio 1.34, 95% confidence interval 0.98 to 1.82, $P=0.066$) when compared with those taking other non-steroidal anti-inflammatory drugs.

Coronary heart disease was nearly 1.5 times more likely (1.47, 0.99 to 2.17, $P=0.054$) among people currently taking standard dose rofecoxib ("25 mg/day) compared with those currently taking celecoxib and was 3.6 times more likely (3.58, 1.27 to 10.11, $P=0.016$) among high dose (>25 mg/day) users.

The study, whose findings have been published online in the *Lancet* ([http://image.](http://image.thelancet.com/extras/05art1005)

[thelancet.com/extras/05art1005](http://image.thelancet.com/extras/05art1005) web.pdf), also found that people taking naproxen had a 14% increased risk of coronary heart disease (1.14, 1.00 to 1.30, $P=0.05$) compared with other non-steroidal anti-inflammatory drugs, in contrast with previous studies that had suggested that naproxen protected against coronary heart disease.

The study concluded that rofecoxib increased the risk of serious coronary heart disease compared with celecoxib and that naproxen did not protect against serious coronary heart disease.

The lead author, David Graham from the Office of Drug Safety at the US Food and Drug Administration, Rockville, Maryland, said: "An estimated 88 000-140 000 excess cases of serious coronary heart disease probably occurred in the United States over the market life of rofecoxib. The US national estimate of the case-fatality rate (fatal acute myocardial infarction plus sudden cardiac death) was 44%, which suggests that many of the excess cases attributable to rofecoxib use were fatal." □

Campaign to expand access to antiretrovirals faces major obstacles

Fiona Fleck *Geneva*

The number of patients receiving lifesaving antiretroviral drugs in poor countries rose to an estimated 700 000 in December 2004 from 440 000 in July, boosted by

progress in sub-Saharan Africa, according to the World Health Organization and UNAIDS, the joint United Nations programme on HIV and AIDS.

A young orphan girl at a clinic in Abera hospital, Ethiopia, which was set up by Médecins Sans Frontières, and which offers HIV testing

The agencies said that their "3 by 5" campaign—to get three million people in developing countries taking the drugs by the end of 2005—had met its 2004 targets but that it must overcome a number of obstacles to get treatment to the remaining 2.3 million people.

The target of three million people is nearly half the estimated 5.8 million people with HIV or AIDS in developing countries who may die unless they receive treatment soon.

Of some 5.1 million remaining adults who need the treatment, 72% live in sub-Saharan Africa and 22% in Asia. Three countries alone—South Africa, Nigeria, and India—represented 41% of those needing treatment, they said.

WHO said that an estimated \$3.5bn (£1.9bn; €2.7bn) to \$3.8bn was needed in 2005 to achieve the target. However, to date only \$1.55bn is available, based on existing commitments and pledges, leaving a shortfall of \$2bn. □

See the "3 by 5" Progress Report at www.who.int/3by5/progressreport05/en