Reduced grants set off short fuses among US scientists

Infectious disease researchers are irate over a decision by the US National Institutes of Health to shorten the length of some existing grants by three to six months.

The US National Institutes of Allergy and Infectious Diseases (NIAID) recently announced a second round of what it calls "grant recycling." Under the program, some four- and five-year grants for research on HIV/ AIDS, malaria and other infectious diseases will end earlier than expected.

The primary reason for the change, according to NIAID, is to stagger the agency's grant-review workload through the year. But many researchers say the program is a thinly veiled budget cut.

The negative effects of the extended policy are clear, says Dennis Burton, an immunologist at The Scripps Research Institute in California who has NIAID grants for his work on neutralizing antibodies against HIV. "Less research can be done and planning is disturbed," says Burton. "Renewals come around more quickly, increasing the time spent on paperwork rather than getting the job done."

Shorter grants also mean that scientists are not funded for the length of time needed to complete the project, others note, which in turn affects their chances of renewing a grant.

Impact aside, scientists also say they are upset about the way the changes were handled. NIAID had introduced this scheme once before in 2001 and promised then that it would not be repeated, they note. The changes are also being presented as a way to streamline review, when they are really designed to reduce costs.

John McGowan, NIAID's director of extramural activities says that, to his knowledge, the agency never made any absolute promises to researchers. "We probably did say we were going to embark on a four-year plan and this would go away after we got things back into balance," he says. "But we didn't get things in balance because of biodefense funding." In 2003, NIAID received an additional

\$1.5 million for biodefense research. Because that added new grants to the busy second half of the fiscal year, McGowan says, NIAID needed to further readjust the review schedule. "[The biodefense money] sort of blew that plan out of the water and we had to start over again," he says.

Of 717 new grants awarded thus far for the 2005 fiscal year ending September 30, 105 have been cut. By the end of the fiscal year, 318 out of 1,435 are likely to be affected, McGowan says.

Some scientists say they might respond by padding their budget requests in anticipation of unexpected reductions. Others took the plan in stride. Harvard University researcher Joseph G. Sodroski saw his grant reduced in the last round and had to spend more time writing proposals. "Despite this fact," he says, "I can't complain about our funding situation or our research progress."

> Tinker Ready, Boston http://www.niaid.nih.gov/ncn/ newsletters/2005/0422.htm#n02

Asian nations struggle to keep up with bird flu surveillance

Sampath Krishnan mumbled unintelligibly, decried news that avian influenza had been found in India as "malicious rumors," and then hung up the phone, all without letting a word in edgewise.

Krishnan, who is the World Health Organization (WHO)'s communicable disease surveillance officer for India, declined to discuss reports that surfaced on 11 May that three Indians from a poultry farm near the southern coastal city of Chennai had antibodies to the H5N1 avian influenza virus.

The episode is one of many across Asia that reflect the pressure on surveillance systems charged with tracking the spread of the flu virus. As policymakers in the region balance a desire to prop up tourism and trade with the need to be diligent and transparent in reporting potential cases, the press has reported that in Vietnam, Thailand, China and now India, surveillance is not up to snuff. Frustrated public health officials and scientists are starting to react to the criticism with silence or anger.

On 11 May, an article on the Indian website Webindia123.com-later posted on ProMED, an online infectious disease news source-said that Nirmal K. Ganguly, director of the Indian Council of Medical Research, admitted to being "in a moment of total darkness" concerning the findings. The cases had been confirmed by the US Centers for Disease



Fowl play: Asian governments may not be sharing their bird flu samples with the WHO.

Control and Prevention (CDC) in 2004. The article also said the WHO was surprised that the findings escaped the weekly reports it receives from the government.

The H5N1-positive samples were taken in 2002, two from a test group of 120 poultry workers and another from the control group. But it is unclear when these three were infected and whether they are infected with the highly pathogenic strain used for testing, says Jacqueline Katz, who led the CDC team that analyzed the samples. Still, the report should not spread fear of an outbreak in India, she says.

The incident comes as the WHO is trying to alleviate concerns that international health agencies are not sharing information and samples with each other and with regional governments (Nature 435, 131; 2005). "There is no refusal to share human samples by Vietnam or any country with avian influenza

tension within the WHO and between WHO and its member countries" on how and when to release information to the press.

Despite what the WHO says, there are signs that the tension could take a toll on collaborations. On 17 March, a researcher at the Institut Pasteur in Ho Chi Minh City wrote to WHO officials saying Vietnam's "Ministry of Health may not allow [my institute] to send any specimens to foreign countries in the future." His email statement followed reports of false negatives at the institute.

With so much pressure on international health organizations and the countries under their charge, officials on both sides tend to be careful with the press. But the WHO says governments should be the first to announce any problems-before journalists get ahold of it. "This is the time to be as open as possible," Thompson says. "Making the announcement first is the only way to maintain trust." David Cyranoski, Tokyo

cases," the organization says. Still, says Dick Thompson, WHO spokesperson in Geneva, "there is a lot of