Nature 486, 7; 2012): to overhaul and reform our entire research system. We are then more likely to be in a competitive position when the economic situation improves.

Unnecessary bureaucracy should be a prime target. The cumbersome administrative regulations of public institutions too often conflict with researchers' needs and hold up their work.

For example, the Spanish Research Council (CSIC), which accounts for 16% of Spain's publications (according to Thomson Reuters' ISI Web of Science), could short-circuit administrative delays by allowing its CSIC Foundation to manage its research projects. This increased flexibility would also save public money.

Budgets are set to increase by 58% in Europe's Horizon 2020 research-funding programme. Spanish researchers should ensure that they are in line for the extra funding, despite the national cuts.

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More funding for studies of ageing

To enable ageing populations to stay healthy, gerontology research needs to be allocated more resources and given greater priority. This will improve the quality of life for elderly people and relieve the economic burden of their longterm sickness.

Studies of ageing processes could help to prevent and treat chronic-disease states that are common after the age of 65, such as cardiovascular disease, type 2 diabetes or neurodegenerative syndromes. For instance, the rate of increase in cardiovascular disease in people aged 50-90 is 7-fold in men and 16-fold in women. Arguably, this makes ageing a bigger risk factor than elevated cholesterol (Incidence and Prevalence: Chart Book on Cardiovascular and Lung Diseases NHLBI, 2006). Yet funding for gerontology research is paltry compared with that for, say, cancer or HIV.

The US National Institutes of Health (NIH) Geroscience Interest Group, which involves experts from 20 NIH institutions, has taken a step in the right direction in setting up funding mechanisms for crosscutting areas of research.

Gerontology research also needs its own funding advocates. The American Association for Retired Persons in Washington DC and similar non-profit groups in other countries should take the lead. Scientists, too, can change the prevailing negative attitude towards ageing in their communications with government, colleagues and the public.

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Trade threat could be even more dire

Manfred Lenzen and colleagues suggest that 30% of species globally may be threatened by the international trade in commodities (Nature 486, 109-112; 2012). We feel that this estimate is too conservative.

The scale and magnitude of damage to biodiversity resulting from the recent sharp rise in trade volume will probably take decades to realize (F. Essl et al. Proc. Natl Acad. Sci. USA 108, 203–207; 2011). Exports worldwide increased by 119% between 1990 and 2011 (see go.nature.com/au5chf), notably from 'megadiverse' countries such as China, Brazil, India and Indonesia. These countries are also major exporters of commodities such as biofuel, which has a huge detrimental impact on tropical and subtropical biodiversity.

The real threat to biodiversity is underestimated by analysing only globally threatened species, because these are largely outnumbered by regionally threatened species (M. Winter et al. Proc. Natl Acad. Sci. USA 106, 21721-21725; 2009).

Both of these considerations

need to be included in attempts to quantify biodiversity damage from international trade. For example, although the Forest Stewardship Council certification process does include the impacts of trade, it does not consider time lags that may worsen biodiversity damage (www.fsc.org).

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Support for a cholera vaccine stockpile

As researchers and policymakers in Rwanda's health sector, we congratulate Guinea and Haiti on integrating oral cholera vaccination into their regular control efforts during epidemics (see Nature http://doi.org/h2c; 2012). Rwanda has also learned valuable lessons about the costs of inaction from the world's delayed response to cholera outbreaks in post-earthquake Haiti.

Because cholera is endemic in the neighbouring Democratic Republic of Congo, Rwanda's health workers are trained in outbreak detection and management. Immediate action meant that a small cholera outbreak in the Nkamira refugee camp, currently at four times normal capacity, was promptly contained.

Nine patients at the camp presented with severe watery diarrhoea within a few days of each other (29 May to 3 June 2012). These cases were rapidly confirmed as cholera by laboratory testing; all were successfully treated with intravenous solution, oral rehydration salts and ciprofloxacin antibiotic. Patient contacts were traced and monitored, and sanitation campaigns reinforced. No further cases have been reported.

Within 24 hours, preparations were made to procure Shanchol

cholera vaccine for all 10,000 camp residents. However, it was not necessary to deploy this vaccine because traditional methods had worked in time.

We support the call for a global stockpile of cholera vaccine and argue for rapid integration of prevention and care at the first signs of a cholera outbreak. Agnes Binagwaho Ministry of Health, Kigali, Rwanda. agnes binagwaho@hms.harvard.edu Thierry Nyatanyi Rwanda Biomedical Center, Kigali, Rwanda. Cameron T. Nutt Dartmouth Center for Health Care Delivery Science, Hanover, New Hampshire, USA. Claire M. Wagner Harvard Medical School, Boston, Massachusetts, USA.

Extend ethnicity of human microbiome

The Human Microbiome Project has generated 5,177 taxonomic profiles of microbes sampled from 242 people, mostly westerners (Nature 486, 207-214; and *Nature* **486**, 215–221; 2012). It would be enlightening to extend these studies to a wider range of human populations to see how their microbial profiles vary. For example, the diversity and function of organ flora in humans could be affected by such factors as geography, food habits, environment, age, traditions and changing lifestyles.

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CORRECTION

The Outlook article 'The lost appetites' (Nature 486, S16-S17; 2012) contained two inaccuracies. The panda has not lost its sweet receptor, only the umami receptor. And goitrin can worsen hypothyroidism, not prevent hyperthyroidism. The sentence that follows has been changed to reflect that.