Long-awaited Canadian blood report released

Reorganization of the Canadian blood system was already well underway when Justice Horace Krever released the final report of the inquiry he headed into how thousands of Canadians became infected with HIV and hepatitis C virus (HCV) during the 1980s. The three-volume, 1,170-page document, released at the end of November, cost around Can$22 million and was the product of four years of often acrimonious hearings. Not surprisingly, blood transfusion safety topped Krever's list of priorities.

The main recommendation out of the 50 that the report contained, was that past and future blood-related injuries be compensated under no-fault schemes to be devised by the provinces. "In our hope for the future we must not forget that a terrible tragedy did occur," said Krever. "It is for that reason that my first recommendation is for compensation for blood-related injuries incurred in the past or that may occur in the future."

The report estimated there to be as many as 28,600 HCV infections which resulted from tainted blood, and as many as 1,200 HIV infections—133 of which occurred because HIV testing did not begin until November 1985, more than six months after the U.S. had started screening its blood supply.

Krever recommended that the new national blood bank called Canadian Blood Services, which is scheduled to become operational this fall, should continue to use only volunteer blood donors. He also requested that it be actively regulated by the Bureau of Biologics and Radiopharmaceuticals of the federal health department, and be funded by hospitals using blood components and products. But according to Peter Gill, who headed the federal health department's microbiology bureau from 1979–1988, and then worked as head of the national reference lab for the Red Cross until his recent retirement, the new system is still missing a crucial element. "Without a surgeon-general or 'blood czar' at the federal level who has clout, the system will not be able to respond to new threats any more rapidly than its predecessor," Gill warned.

The Canadian Red Cross Society (the sole collector and provider of the country's blood for more than 50 years), was criticized heavily in the document. "The Red Cross was a tentative and ineffective decision-maker that recoiled from its responsibility to make timely decisions on matters of safety," Krever wrote. The Royal Canadian Mounted Police is reviewing the report to determine whether criminal charges are warranted.

TERRY MURRAY, OTTAWA

FDA reprimands muscular dystrophy clinic

Peter Law, Chairman of the Memphis-based Cell Therapy Research Foundation (CTRF), has received a letter from the Food and Drug Administration (FDA) asking him to remove certain promotional materials from his Foundation's website. The CTRF claims to have developed an effective therapy for treating muscular dystrophies (*Nature Med* **3**; 1058, 1997).

The FDA referred specifically to promotional statements on the site that represent Law's myoblast transfer therapy (MTT) as being safe and effective for use. Because the technique is classified as "investigational" by FDA, this means that the safety of MTT has not been proven, contrary to claims throughout the site, which were labeled "false and misleading" by the FDA communication to Law.

The website's discussion of David Plemmons—a Becker's muscular dystrophy patient who, it is said as a result of MTT, is now able to walk after being confined to a wheelchair for several years—is cited as being an incorrect claim of efficacy of the procedure.

In addition, the FDA highlighted "misleading statements" made about their involvement in CTRF's research program that must be removed. Among the more serious rebukes was the requirement to delete a passage claiming that the FDA was to decode and analyze raw data from a clinical trial. "These statements give a false sense of assurance to the readers of these web pages that FDA endorses the product or the clinical trials," the letter reads. All of the exaggerated claims have now been removed.

The letter is a major blow to Law who has claimed repeatedly to have the support of the FDA, despite being criticized by every other scientist in the field of muscular dystrophy research. One individual, who refused to be named for fear of becoming the target of a law suit—an action already taken by CTRF against some scientists who have voiced disbelief in his work publicly—said, "the fact that the FDA letter was widely distributed means that they were very put out by Law's abuse of their authority to give an air of respectability to the CTRF."

KAREN BIRMINGHAM, NEW YORK

Diphtheria control in the former USSR

Reduction of international donor support for diphtheria control activities in the newly independent states of the former Soviet Union is threatening the considerable amount of work which remains to be done to end the epidemic. This was the conclusion of the first meeting on diphtheria self-sufficiency, held in Berlin at the end of last year and organized by the Interagency Immunization Coordinating Committee (IICC).

The IICC is a collection of international development agencies and government representatives. It was established in 1994 with the support of the World Health Organization (WHO) to assist the 15 newly independent states in controlling diseases preventable by immunization. Although significant progress has been made, these states and the Russian Federation still account for around 80 percent of globally reported diphtheria cases. The bacterium that causes diphtheria, *Corynebacterium diphtheriae*, produces a toxin that kills tissues in the throat, nasal passage, lungs and heart if left untreated.

"Final diphtheria control measures are urgently needed in Georgia, the central Asian countries and Ukraine, where the epidemic is not yet under control," says Sieghart Dittmann, coordinator of Communicable Diseases and Immunization at the WHO Regional Office for Europe.

The Baltic states (Estonia, Latvia and Lithuania) have now achieved self-sufficiency in diphtheria control due to extensive support from the Nordic countries. Kazakstan, Turkmenistan and Uzbekistan have signed an agreement with the Japanese government that will give them complete diphtheria vaccine support by 2000. However, there are no fresh initiatives to provide support for other states. "We are not very optimistic," says Dittmann, "other problems are now attracting greater attention, such as the large increase in tuberculosis incidence and the re-emergence of malaria in Armenia, Azerbaijan and Tajikistan." The IICC will carry out assessment missions this spring to establish further control measures for diphtheria.

MARTINA BALLMAIER, MILAN