**In this month’s Bulletin**

**Leprosy lives on (2)**
Now that many people think that leprosy has been eliminated, neither funding bodies nor researchers are focusing on the disease. The main leprosy journal of the past 70 years, the *International Journal of Leprosy*, published its last issue two years ago. Yet cases continue and the disease’s sources and modes of infection transmission are not well understood. Paul E M Fine argues that leprosy will not disappear soon and that leprosy research and specialist clinical expertise are still needed.

**News (3–8)**
Jane Parry reports from Hong Kong SAR on a global effort to prepare for a human flu pandemic 10 years after the first avian flu outbreak. Paul Garwood reports from Pakistan on how countries face the dilemma over how to increase the supply of transplant organs in an ethical and humane manner. WHO’s Dr David Heymann and Dr Bruce Aylward discuss the end of polio in this month’s interviews.

**Birth outcome risk factors (9–18)**
Deborah Watson-Jones et al. studied 1688 women attending an antenatal clinic in the Tanzanian city of Mwanza from 1997 to 2000 to examine the effectiveness of antenatal screening and treatment of syphilis and other reproductive-tract infections. Maternal malaria and anaemia continue to be significant causes of adverse birth outcomes in sub-Saharan Africa.

**Injuries in Europe (27–34)**
Comprehensive assessment of the burden of injury is essential for health-policy development and targeting risk groups. Suzanne Polinder et al. assessed the burden of injury in six European nations, finding that Austria has the largest burden among the countries and that males aged 15–24 faced the highest injury burden due to premature mortality and disability in all six countries.

**HIV patterns in Viet Nam (35–41)**
Nguyen Anh Tuan et al. studied patterns and determinants of HIV prevalence and risk-behaviour characteristics among female sex workers, injecting drug users, unmarried men and different categories of mobile groups in four border provinces of Viet Nam. They found that the strongest determinants of HIV infection among the sex workers were inconsistent condom use, history of injecting drug use and mobility. Among injecting drug users, the strongest determinants of HIV infection were sharing injection equipment and having sex with non-regular partners.

**Many children untreated for diarrhoea (42–48)**
Birger C Forsberg et al. sought to find out whether diarrhoea management had improved from 1986 to 2003, a period over which significant efforts were made to promote effective case management in children. The authors document diarrhoea case management in low- and middle-income countries using data from Demographic and Health Surveys, finding that many children do not receive proper treatment and that case management fell short of WHO and UNICEF targets set more than a decade ago.

**Trade and public health (49–56)**
In their study, Gabriela Costa Chaves & Maria Auxiliadora Oliveira propose a way to measure the degree to which patent legislation is sensitive to public health needs. They analysed patent legislation established after the World Trade Organization’s Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement, which entered into force in 1996. This agreement requires WTO members to grant intellectual property protection in technological fields, including patents for pharmaceutical products.

**Promoting confidential enquiries (68–69)**
Julia Hussein writes that confidential enquiries into maternal deaths provide useful lessons, and proposes their expansion in developing countries, where maternal mortality is highest. She also suggests adapting the traditional confidential enquiry process by including assessments of favourable and adverse factors, strengthening availability of information on community-related factors and increasing knowledge on resources needed for effective confidential enquiries.

**Fingerprinting trial participants (64–67)**
The possibility that trial participants could be misidentified has haunted researchers since randomized controlled trials began. However, identity verification has been revolutionized over the last decade as fingerprint scanners and computer memory have become portable and affordable. The SonLa Study Group describes how this technology was applied in a cholera vaccine trial in Viet Nam, and argue that fingerprint recognition should become the standard technology for identification of participants in field trials.

**HPV vaccine access (57–63)**
A human papillomavirus (HPV) vaccine was licensed recently, and another will be licensed soon. Amy E Pollack et al. discuss the challenge facing public health authorities in determining at what age girls or young women should have access to HPV vaccines. The authors argue that although the vaccine may ultimately be indicated for both males and females, young girls, or girls and women aged 9–25 years, should be the initial candidates for vaccination.

**HPV vaccine access (64–67)**
The possibility that trial participants could be misidentified has haunted researchers since randomized controlled trials began. However, identity verification has been revolutionized over the last decade as fingerprint scanners and computer memory have become portable and affordable. The SonLa Study Group describes how this technology was applied in a cholera vaccine trial in Viet Nam, and argue that fingerprint recognition should become the standard technology for identification of participants in field trials.

**HPV vaccine access (68–69)**
Julia Hussein writes that confidential enquiries into maternal deaths provide useful lessons, and proposes their expansion in developing countries, where maternal mortality is highest. She also suggests adapting the traditional confidential enquiry process by including assessments of favourable and adverse factors, strengthening availability of information on community-related factors and increasing knowledge on resources needed for effective confidential enquiries.