

Date: Tue, 21 Dec 1999 10:34:21 -0500 (EST)
From: "Matthew S. Meselson" <msm@wjh.harvard.edu>
To: Don MAHLEY <76035.2324@compuserve.com>
Cc: "Dr. Richard GARWIN" <RLG2@watson.ibm.com>,
Robert SHERMAN <bob_sherman@compuserve.com>
Subject: PRO/AH> Plague - India 1994: NOT? (fwd)

Dear Don,

Perhaps hard to believe but this story exemplifies the poor state of diagnostic capability throughout much of the world. The BWC protocol should not get into the business of managing diagnostic labs. But the protocol regime could make a twofold contribution by setting up a number of competitive fellowships in infectious disease diagnostics and epidemiology that would support training and communication of a growing cadre of well-trained and intercommunicating specialists throughout the developing world. Fellowships are relatively inexpensive, perhaps about 50K per year plus administrative costs. With say 10 fellows per year, the annual cost might be approximately \$1M per year. In addition, there should be periodic meetings of current and past fellows to exchange information and perspectives and to solidify relationships. Over time a well-run BWC fellowship program could accomplish the following :

- 1) Establish competence where it is now lacking, thereby increasing the likelihood of detection and the accuracy of diagnosis--largely for public health purposes but also of potential value for the BWC regime.
- 2) Raise consciousness among health professionals regarding the prohibition of biological weapons.
- 3) Increase transparency.
- 4) Place effective individuals in parts of the world otherwise deficient in personnel to whom a BWC regime might turn for information and assistance in various circumstances.
- 5) Add a visible and easily demonstrated peaceful component to the BWC regime, one that should at once appeal to the more developed countries and to the less developed non-aligned.
- 6) Through its distinguished advisory and selection board, the program would also help raise consciousness and intercommunication regarding the BWC regime among a portion of the world's scientific/public health elite. A CWC-like scientific advisory board for the BWC is important to have in any case and the fellowship program could be one of its activities. Individuals would apply for fellowships as individuals, while states parties would submit recommendations for the Advisory Board to the OPBW Director-General.

It would be good if the proposal came initially in the form of a working paper from a country like Sweden. Then it would be called, for example, "The Swedish Proposal"--a propitious beginning. After due consideration the US and other states would register their support. It is not the kind of proposal that should be used as a transparently obvious "bargaining chip".

Let's do it!

Best wishes for the New Year,

Matt

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----- Forwarded message -----
Date: Tue, 21 Dec 1999 08:11:53 -0500 (EST)
From: PromED-mail <promed@promed.isid.harvard.edu>
To: promed-ahead@promedmail.org
Subject: PRO/AH> Plague - India 1994: NOT?

PLAGUE - INDIA 1994: NOT?

A PromED-mail post
<<http://www.promedmail.org>>

[see also:
Plague - India 940923, 940927,
941025
Plague - India: Update 941024
Plague - India (MMWR) 941025
Plague - India (MMWR) (2) 941025
Plague - India: was it melioidosis? 950111
Plague - India: typing 960211
Plague - India 1994: economic loss 970407185551
Plague facts 980805234800

Date: Mon, 20 Dec 1999 04:40:55 PST
From: "M. Cosgriff" <mcosgriff@hotmail.com>
Source: Times of India 12 Dec 1999 [edited]

'94 outbreak in Surat wasn't plague!

The Surat plague controversy has been revived by a former official of the World Health Organisation (WHO) who says the disease that killed 47 people in the city of Surat in October 1994, and caused economic losses worth \$ 600 million to the panicked nation, was not plague.

Satnam Singh, a former programme director in the WHO Regional Office in New Delhi, said the same disease which occurred in 1994 continues to occur sporadically even now in Surat following periodical flooding of the Tapti river, one piece of evidence disproving the plague theory.

But the strongest evidence came from the prestigious American Public Health Association which has withdrawn the reference to Surat plague from its latest report, he says. The association, in the 16th edition of its "Manual on Control of Communicable Diseases" had mentioned that "an outbreak of primary pneumonic plague occurred in the city of Surat" in 1994. But reference to the outbreak was deleted in the 17th edition, according to Singh, who, after having worked with WHO for 21 years, is now the director of the Regional Institute of Public Health in Chandigarh.

Singh also refers to a paper published in the US Journal of Public Health Policy in 1997 which concludes that the Surat disease was not plague. This paper was authored by leading Indian scientists N S Deodhar, a former

director of All-India Institute of Hygiene and Public Health in Calcutta, V J Yemule, director of the Haffikine Institute in Mumbai and Kalyan Banerjee, a former director of the National Institute of Virology in Pune.

Vulimiri Ramalingaswami, chairman of the Indian committee that investigated the disease, however, says this paper is not factually correct and that a rejoinder is being sent to that journal for publication.

According to Singh, there were two more scientific reports disclaiming the plague theory. One of them, by an expert committee appointed by the Gujarat government in 1995 under N R Mehta, retired professor of community medicine in Surat Medical College, found the "majority of evidence does not support the initial suspected diagnosis of pneumonic plague". Singh, who believes the Surat disease was misdiagnosed as plague, points out that the All-India 18th conference of the Indian Association of Medical Microbiologists declared in Pune on November 12, 1994, that "there is not even a single convincing evidence of plague either in Surat or Beed".

The WHO international team report concluded that "no evidence was found to suggest transmission of Y. pestis (the plague germ) in any major urban population other than in the city of Surat".

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[India officially reported confirmed cases of plague from Surat & other cities to WHO in 1994, & these official reports were published by the CDC in their Morbidity & Mortality Weekly Reports (MMWR) & posted on PROMED-mail -- see refs. above. However, a subsequent WHO investigation, & India's own investigation chaired by Dr Ramalingaswami, found no evidence that the plague bacillus had been isolated from human cases anywhere in India, only from rats in the city of Surat.

Therefore the quote attributed to Dr Satnam Singh is not quite correct -- some of the sporadic human cases still occurring in Surat could well be plague, since it cannot have been exterminated from the rat population. It is disappointing that, 5 years after that scare, India apparently still does not have the capability to diagnose plague in the laboratory - Mod.JW]
.....jw

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