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Peter Moszynski *London*

See www.plosntds.org.

NHS Logistics staff plan strike

The NHS was this week facing its first national strike in 18 years, as supplies staff throughout England voted to take industrial action in protest at the privatisation of the supply agency NHS Logistics.

The first 24 hour strike was due to start at 10 pm last Thursday, 21 September, with another one day strike planned next week and further industrial action to follow. Unison, the union representing most of the organisation's 1300 staff, is also calling for a judicial review into how the contract was awarded.

The action, which could lead to cancelled operations, according to Unison, follows the Department of Health's decision earlier this month to transfer the work of NHS Logistics and its staff, to the German company DHL, which is best known for its courier service.

The new contract, worth £22bn (€33bn; \$41bn) over the next 10 years, comes into force on 1 October and will, according to health secretary Patricia Hewitt, yield savings of about £1bn.

She dismissed as "absolute rubbish" suggestions that this was part of a wider plan to privatise the NHS.

Andrew Cole *London*

Hungary confronts corruption in its health service

The Socialist-Liberal coalition government in Hungary has promised to tackle what it describes as widespread corruption in the health service. It proposes to restructure healthcare finance and discard the 50 year

old state monopoly provider of medical insurance.

The cabinet will publish draft legislation early this autumn, after a month long consultation period. It blames the problem of corruption on the low pay of medical staff and the insurance structure inherited from the bygone communist regime.

Dr Lajos Molnár, the health minister, described the dependence of healthcare provision on ubiquitous "gratuity" payments for supposedly free services as "a minefield of explosive conflicting interests."

Patients make such payments to medical staff to purchase privileged treatment at the expense of other patients, he says, with most people paying for fear of losing out. He calculates that such payments total as much as 100bn forints (£250m; €370m; \$470m) a year.

Several recent studies have examined corruption in the service. They describe various practices, such as nurses ignoring the discomfort of patients unless they are given gratuities of about 1000 forints and GPs being paid two to three times as much for home visits to patients.

Thomas Land *Budapest*

Dr Matthias Rath: an apology

In a news item published in the 22 July 2006 issue of the *BMJ* (2006;333:166) and on the bmj.com website, it was reported that Dr Matthias Rath had gone on trial in Hamburg "for fraud." In this context we suggested that Dr Rath stood accused of the serious crime of fraud in relation to the death in 2004 of Dominik Feld, a 9 year old boy with bone cancer; that he was culpably responsible for Dominik Feld's death; and, in particular, that he had improperly pressured Dominik Feld's parents into refusing to allow hospital doctors to amputate the boy's infected leg in an effort to save him.

We now accept that the allegations we published were without foundation, and in the circumstances the *BMJ* wishes to set the record straight and to apologise to Dr Rath for publishing these allegations.

Indian association questions plan for hepatitis B immunisation

Ganapati Mudur *New Delhi*

The Indian Medical Association has criticised a government proposal to expand universal immunisation against the hepatitis B virus throughout India, saying that it would be "wasteful spending" on a low priority health problem.

In a report sent to the health ministry, the association said that a systematic review of studies indicates that the rate of chronic carriage of hepatitis B in India is 1.6% and not 4% as projected. It has also cautioned that the proposal to immunise infants at 6, 10, and 14 weeks would not significantly change rates of chronic carriers because most cases result from vertical transmission (directly from mother to baby during and after pregnancy).

The report, made public by the association last week, has evoked sharp reactions from some doctors who have said that the lower estimate of rates of chronic carriers should not deter universal immunisation. "When an effective, inexpensive vaccine is available, it would be unethical to deny it to the population," said Subrat Acharya, a gastroenterologist at the All India Institute of Medical Sciences in New Delhi.

After a pilot project to immunise infants against hepatitis B in 15 cities and 32 districts, the health ministry has proposed to scale up the programme nationwide at an estimated annual cost of 5bn rupees (£58m; €86m; \$110m).

The lower estimate of chronic carrier rate translates into only 16 million cases instead of 40 million, the association said in its report, which follows a 10 month long consultative process.

It has also cited national cancer registry data that show that the number of deaths from liver cancer from hepatitis B is only 5000 instead of previous estimates of more than 180 000.

"The decision to introduce the hepatitis B vaccine into universal immunisation appears to have been taken without thought to either the disease burden or the efficacy of the 6, 10 and 14 week schedule," said Jacob Puliyeel, a paediatrician at the St Stephen's Hospital in New Delhi and author of the report released by the association.

"Nowhere in the world is there any study that has demonstrated the efficacy of the 6, 10, and 14 week schedule to reduce chronic carrier rates," Dr Puliyeel said.

However, several doctors have expressed surprise at the association's report and have said that its recommendations spring from "mistaken notions of the true disease burden from hepatitis B."

"Neither the association nor paediatricians are in any position to appreciate the true disease burden caused by this virus," said Vivek Saraswat, a gastroenterologist at the Sanjay Gandhi Postgraduate Institute of Medical Sciences in Lucknow. 



The Indian Medical Association says vaccinating babies against hepatitis B is wasteful as carrier status is often transmitted vertically