

NHL in the Eastern Region of Saudi Arabia, 1997-1998 *cont.*

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Editorial note: This is the first study to determine the risk factors for NHL in the Eastern region of Saudi Arabia. Most of our results were consistent with previous studies. A previous investigation reported a lower incidence rate of NHL for blacks than whites (4), but our results did not support this. The statistically significant elevated risk for NHL among blacks in our study may be explained by the fact that most of the residents of the Eastern region are of a brown race, and only a small proportion are of black race.

The elevated risk for NHL with living in a rural area in our results is probably due to the fact that the Eastern region is mainly an urban area with only a small number of people (Bedouins) living in rural areas.

The association between NHL and the use of drugs to treat ulcers is supportive of a previous study that suggested a link between cancer and use of cimetidine and other histamine H₂-receptor antagonists used in the treatment of ulcers (5).

Experimental studies have shown that hair-colouring products contain mutagenic and carcinogenic components, which vary by hair-colour product type and colour (6). In the present study, the variation of NHL risk by product type is somewhat consistent with what would be expected based on concentration and formulation of the various hair-colour products. In this study we found that dye and decoloration types of hair-colour products, which may contain carcinogenic and amino compound, have an increased risk for NHL whereas henna, which is a natural product for hair-coloring, had no associated risk for

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Summary of Global Polio Eradication Plan of Action 2000 – 2005

Although substantial progress towards polio eradication has been achieved during 1999, the interruption of poliovirus by 2000 or as soon as possible, will be feasible only if extraordinary efforts are taken in priority countries where polio remains endemic.

Realizing the full benefits of polio eradication will require not only stopping transmission but also a full agenda of work outlined in the strategic plan for the years 2000 – 2005 (see Figure 1).

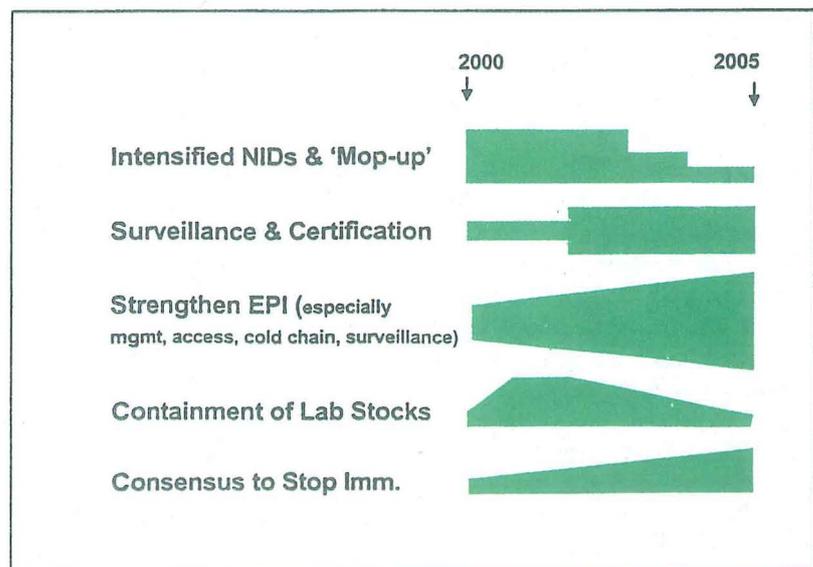
- From 2000 – 2002, the focus will be on intensifying supplementary immunization (NIDs/mop-up) and surveillance activities to interrupt virus transmission in the 30 remaining endemic countries.
- From 2000 – 2005, surveillance and certification activities to guide intensified NIDs and to document the absence of polio in polio-free countries so that Re-

gional and Global Certification commissions can certify eradication.

- From 2000 – 2005, a sharper focus on strengthening routine EPI, in cooperation with the Global Alliance on Vaccines and Immunization (GAVI), to secure gains and to build on lessons learned in polio eradication to date.
- From 2000 – 2005, activities to implement the Global Plan of Action for Laboratory Containment will accelerate. Laboratory containment of poliovirus is an essential part of the eradication activities in polio-free countries.

Finally, this plan of action summarizes the necessary research and policy planning required to establish an international consensus for stopping polio immunization in the post-eradication.

Figure 1. Polio Eradication Initiative Strategic Plan, 2000-2005



Source: WHO vaccine preventable diseases: monitoring system. 2000 global summary. WHO, Geneva 2000. 17-19.