

medical news

CLDF Medical Research Strategy

CLDF is developing its research strategy for the next three to five years. We aim to have this completed by the end of October 2005. But why do we need a strategy?

- To identify priority areas of funding and fundraising
- To identify the ways in which the Foundation's portfolio should support research, e.g. fellowships, project funding, collaborative work, clinical research, etc.
- To identify areas of activity in terms of influence, e.g. "lobbying" government for greater support of hepatology
- To identify ways in which CLDF can seek further support for children's liver research, e.g. matched funding from other organisations

- To identify the ways in which CLDF can respond to the "good idea" and/or have a rapid response mechanism

To develop our strategy we are embarking on a consultation period. Prior to a meeting in June, the Chairman of the CLDF Medical Advisory Committee Professor Sir Roddy MacSween and Catherine Arkley will be visiting the specialist units to hear the views of the teams.

We will also be consulting our supporters and families for their views via a questionnaire which will be mailed to you in the not too distant future. The questionnaire will also be on the CLDF website. If you feel strongly about our support of medical research, then this is your chance to put your views across.

Universal Vaccination for Hepatitis B for Infants

You may have been aware of the story in the press and the wider media during May where the BMA called for universal vaccination of infants for hepatitis B. CLDF has been campaigning on this issue for years.

Catherine commented: "The effect of infection with hepatitis B can take years before there is any damage to the liver which is why we rarely see the effects in children. There are many people who are totally unaware that they are carriers and they can pass the infection on. Hepatitis B is a serious disease which is killing millions worldwide."

The age at which infection is acquired is significant. The younger a child is, the greater the chance that the body will not clear the virus and they will go on to be a long-term carrier. In a newborn infant, for example, there is a 90% chance they will become a carrier if infected although the effect of infection is unlikely to be seen for twenty or thirty years.

"Vaccination of infants is the best way to prevent hepatitis B," continued Catherine. "In Taiwan the programme has reduced the deaths from liver cancer and has been shown to

be successful. We have long campaigned for universal vaccination but the government has advocated selective vaccination, i.e. immunisation of those at risk. The figures from the BMA show this is not effective in eradicating the disease and indeed, it is increasing in incidence. The World Health Organisation has recommended universal vaccination against hepatitis B for years. A huge number of countries have responded to this call but not the UK. It is time that the UK did so and started to save lives."