

Given the successes of measles control in the Americas<sup>3</sup> and other parts of the world, we strongly support expanding control efforts against measles; however, several issues must be addressed first. In African urban centers, where the average age of exposure to measles is lower than in other settings, the ability to achieve and sustain interruption of virus transmission needs to be demonstrated. In many countries, operational and logistical issues need careful attention. These include the need to deliver injectable vaccines safely through the use of nonreusable syringes and needles during mass campaigns in populations with high incidences of bloodborne pathogens; and the need for practical methods for disease surveillance and for monitoring age-specific susceptibility in order to target immunization program activities.

In 1997, global measles eradication efforts through the year 2010—the potential time frame for implementing global eradication—were projected to cost approximately \$4.5 billion, which included \$1.7 billion for developing countries to purchase and administer vaccines.<sup>4</sup> Although this cost may be offset by treatment savings, the financing would need to be committed up front before the savings from ending vaccination could accrue. Nevertheless, we think that this is a small price for preventing up to one million deaths in children annually.

Decisions regarding eradication of a disease must be carefully considered, especially in the case of a highly transmissible agent such as measles for which global coordination is crucial. Dr. Tulchinsky questions the relative priorities of measles control and polio eradication. Given that substantial progress toward polio eradication has already been made, it is inappropriate to re-evaluate its priority when eradication is within our grasp. The

credibility of any future global eradication initiative would suffer if we fail to eradicate polio. Certainly, those countries actively engaged in polio eradication activities that are able to accelerate measles control should do so; however, planners should be aware of the many logistic and programmatic issues that may stress the immunization delivery system.

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#### References

1. Measles prevention. *MMWR Morb Mortal Wkly Rep* 1989;38 Suppl 9:118.
2. De Quadros CA, Olive JM, Hersh BS, Strassburg MA, Henderson DA, Brandling Benett D, Alleyne GAO. Measles elimination in the Americas: evolving strategies. *JAMA* 1996;275:224-9.
3. Advances in Global Measles Control and Elimination: summary of the 1997 international meeting. *MMWR Morb Mortal Wkly Rep* 1998;47:RR-11. ■

#### Procter & Gamble Responds on Olestra

I am writing to present Procter & Gamble's perspective on Marion Nestle's article about olestra [Nov/Dec 1998;113:508-20]. We agree with the author's conclusion that there is a "need for vigilance in keeping public health goals at the forefront of national food, nutrition, and health policies." Indeed, Olean cooking oil is one tool that can help consumers address one of our nation's most important public health goals—our need to reduce dietary fat intake, which can, in

turn, reduce the risk of obesity, heart disease, some cancers, and other serious health problems.

Today, tens of millions of people are choosing and enjoying snack foods made with Olean that taste great without any added fat and only half the calories. Consumers have enjoyed more than a billion servings of snacks made with Olean—avoiding the more than 20 million pounds of fat and more than 80 billion calories they would have eaten in full-fat snacks. Clearly, consumers are voting in favor of Olean, as have the FDA's internal experts, the FDA's external Food Advisory Committee of experts, and numerous other medical and scientific experts from our nation's leading institutions as well as many public health policy experts and health professional organizations who have familiarized themselves with Olean's approval process, safety profile, and benefits.

Procter & Gamble has been in the consumer products business for more than 160 years. Consumers like our products and they trust us. We earn this trust by taking very seriously our responsibility to provide safe products that improve the lives of consumers. We believe that new products must be thoroughly researched and that P&G has an obligation to educate consumers and professionals about these products. We have done this for many products, including Tide, Crisco, Pampers, and Crest, and now most recently with Olean. We also encourage consumers to tell us if our products are meeting their needs through 800 numbers on all products. Olean is no exception to this long history of thorough research (there are over 150 olestra research publications in top peer-reviewed journals), education, and listening to consumers that is the foundation for all of P&G's products.

Due to space limitations, we are not able to reply as completely as we would like to the issues raised by Dr.

Nestle. Readers may contact me at 513-634-3938 or <middleton.sj@pg.com> for further information.

Olean is a replacement for fat, not for common sense. Combined with a balanced diet, moderate portion sizes, and proper exercise, it's a step in the right direction to help consumers achieve and maintain good health. Here at P&G we look back on Olean's development with pride and look forward with confidence because, once again, the consumer has voted.

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### Photo Was "Right On"

My hat goes off to PHR for the *News and Notes* item "Health Ranks Fifth on Local TV News" (Jul/Aug 1998; 113:296-7). The photo of the male couple with matching rings and earrings watching TV was "right on" with the substance behind the article because the entire gay community is affected by health issues, which have changed our daily lives and the way in which we are socialized and interact with each other. Health concerns continue to promote fears, anxieties, and the reality of death in the gay community in a larger percentage (not total numbers) than in any other minority group in our society.

Despite increasing demand for reporting of health issues, these issues may not be the priority agenda on local news networks—but they rank number one in any gay-oriented publication nationwide. Our lives depend on the reporting of this information.

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### IOM on Core Functions

The Editor points out ["Through the Editor's Looking Glass: Humpty Dumpty's Rule," Nov/Dec 1998;113:479] that the terms *assessment*, *policy development*, and *assurance* adopted by the Institute of Medicine in 1988 to define the core functions of public health agencies at all levels of government have been problematic to some in the field. We think few would argue that *The Future of Public Health* sparked critical discussions within the field and that the report's language provided needed, if imperfect, tools to use in those discussions. Today, the functions described in 1988 remain central to protecting and promoting public health, even if the vocabulary has not been embraced by all public health practitioners or researchers. More important, we are concerned that the concepts have not been well understood or appreciated by the public to whom we are responsible.

One of the challenges within public health has been to separate out the language and concepts most useful to discussion and development within the field, and those most useful for dialogue with the public and policy makers. There have been some efforts to make "assessment, policy development and assurance" serve both purposes. Efforts to construct more specific language to represent these concepts within the field have been moderately successful, but less attention has been given to the implications of the vocabulary for promoting public discourse and understanding of public health issues. Nevertheless, polls show that despite unfamiliarity with terms used within the profession, the public supports the activities carried out by public health practitioners.

We are aware of both the interest in and confusion engendered by these terms. We have heard about this directly—such as at a session we

sponsored at the recent joint annual meeting of the Association of State and Territorial Health Officials and the National Association of County and City Health Officials—and indirectly, as we have conducted our studies on specific public health issues.

The Institute hopes to embark in the coming months on a new initiative on public health through our Division of Health Promotion and Disease Prevention. A key task for the initiative will be to reconsider both the core functions of public health and the vocabulary used to describe them. In a separate activity we also hope to address the research agenda for public health and prevention. We look forward to input on this from the Editor and the readers of *Public Health Reports* as we progress. Comments on the terminology can be sent for our future consideration to <iom\_hpdp@nas.edu>.

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