

Growth pledges need to be tracked. Will the pledges materialise? Will they be spent on the right things, for the right people? And will nutritional status be improved? All of these steps require strengthened accountability of nutrition actors in government, civil society, and the private sector, and most importantly in countries with a high burden of undernutrition.

REB declares that he serves on the governing boards of the Micronutrient Initiative and Vitamin Angels and Nestlé Creating Shared Value Advisory Committee. All other authors declare that they have no conflicts of interest.

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Diarrhoea in children and *Cryptosporidium*

Uma Natchu and Shinjini Bhatnagar (July 20, p 184)¹ are right to be enthusiastic about the Global Enteric Multicenter Study (GEMS),² but their comments about *Cryptosporidium* are misguided. They state that hitherto

Cryptosporidium was thought to be restricted to immunocompromised hosts, but there has been evidence for more than 20 years that this is not the case. Several reports of waterborne epidemics attest to this—the largest affecting more than 400 000 (mostly immunocompetent) people.³ *Cryptosporidiosis* affects young children,⁴ and it is well known now to have adverse effects on nutritional outcomes.⁵ GEMS² merely serves to underline the importance of *cryptosporidiosis* as a contributor to the global burden of diseases of children.

I declare that I have no conflicts of interest.

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Authors' reply

We agree with Paul Kelly that *Cryptosporidium* is a well described cause of diarrhoea¹ and failure to thrive² in non-immunocompromised children, and we also agree that the idea that *Cryptosporidium* diarrhoea is restricted to immunocompromised children should be outdated on the basis of the evidence. Yet, physicians do not sufficiently investigate for *Cryptosporidium* as a cause of diarrhoea in immunocompetent individuals in India.³ Despite its

prevalence, *Cryptosporidium* diarrhoea is an under-recognised public health problem,⁴ and it has been included in the WHO Neglected Diseases Initiative. We hope that reports like GEMS⁵ help increase awareness among treating physicians and policy makers to place an adequate focus on *Cryptosporidium* as a pathogen among the immunocompetent.

We declare that we have no conflicts of interest.

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Immunisation against meningococcus B: the case of Spain

4CMenB vaccine (Bexsero, Novartis Vaccines and Diagnostics, Siena, Italy) was buried before birth in Spain, as it was in the UK.¹ Despite the approval by the European Medical Agency, the Spanish Agency on Drugs and Health Products (AEMPS) decided to restrict the use of this vaccine to hospital use only—whatever that means—until they established specific recommendations for its use.² AEMPS's report was released 2 months later, and restricted the indication to the control of potential local serogroup B

outbreaks, and stated that the vaccine will not be included in the national immunisation programme until other regions or countries start to use it and provide effectiveness data.³

Alongside France and the UK, Spain adds to the list of countries adopting a wait-and-see approach.¹ In Spain, not even a rigorous cost-benefit assessment was deemed necessary to support the decision, and some hasty calculations of disability-adjusted life-years have been considered sufficient.³ As in other European countries, the incidence of meningococcal B disease in Spain is at its lowest level in decades.³ However, this incidence is almost the same as that of the meningococcal C disease in 2001, when the conjugate vaccine was introduced in the national immunisation programme in Spain and concomitantly in the UK.⁴ Furthermore, mortality and morbidity remain stable and unacceptably high for meningococcal B.³ If the same prerequisites we see today had been required for the meningococcal C vaccine, we would no doubt be witnessing children and adolescents die from this disease.

The wait-and-see approach is saving money but costing lives.

I have received funding for research and consultancy from Novartis and manufacturers of other meningococcal vaccines.

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Medical research and students in Latin America

Undergraduate medical students are encouraged to do research to increase the number of future medical researchers and to develop skills and critical thinking. Investing in young undergraduate medical students has great potential to develop medical research in developing countries.¹

In Latin America, the outlook is not favourable because of low support from universities and governments, but there are some initiatives to develop research in which students have an important role.

Over the past 10 years, student-led initiatives and medical research from undergraduates have increased. Medical student societies are playing an increasingly important part (table); these organisations have been grouped into associations at a national and regional level, and they lead different activities, such as national and international scientific congresses, where people can present their research and discuss strategies to improve medical research.²

Interestingly, medical students have also developed their own publications (such as ANACEM in Chile; table). These journals are led by students, they follow rigorous editorial standards, and are indexed in the databases. These publications familiarise students with scientific publishing and train future editors of biomedical journals.³

Initiatives promoted by medical students, such as meetings of student journal editors and multicentre research networks,^{2,3} create a new generation of young leaders in medical research, organised and used to communicate and collaborate.

	Country	Year of creation	Journal
ABOLSCEM	Bolivia	1993	Ciencia y Medicina
ANACEM Chile	Chile	1994	ANACEM
ASCEMCO	Colombia	1989	..
FELSOCEM*	..	1986	CIMEL
FEVESOCEM	Venezuela	2008	..
SOCIMEP	Peru	1992	..

*Latin American federation of scientific societies of medical students, founded in Chile.

Table: Scientific associations of medical students in Latin America

The way Latin American medical students have taken an active role in promoting research in their countries is very encouraging and motivating for future generations. This should be supported by governments, universities, and other institutions through training programmes and incentive fundings for research to achieve the expected medical scientific development the region needs.

We declare that we have no conflicts of interest.

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Experiencing regrets in clinical practice

After evaluating a 38-year-old man who had a 2-min sharp chest pain at about dinner time, a resident in internal medicine discharged the patient with careful instructions. Thorough history, clinical examination, and work-up were negative, with no particular red flag. 2 h later, the patient was found dead

