

## **An Occasional Medical Newsletter from The Blood Care Foundation**

Dear Member,

I notice that the BMJ is now published in its entirety on the BMJ Web Site. This led me to thinking as I started this eleventh offering, whether I should venture into cyber space.

### **Hepatitis B.**

The efficacy of hepatitis B vaccine has been demonstrated in a trial over the past 10 years, organised by the International Agency on Cancer in Gambia. The vaccine prevents 84% of primary infections and progression to a chronic carrier state in 94% of those vaccinated. (*BMJ*. 1998;**316**:882)

### **Hepatitis C.**

The new US Surgeon General, Dr David Satcher, has urged all people who had a blood transfusion before 1992 to be tested for hepatitis C, as the blood supply was not routinely screened before that date. He points out that the hepatitis C virus can lie dormant for as long as 20 years and is a risk factor for liver cancer. (*BMJ*. 1998;**316**:798)

A Spanish anaesthetist has infected at least 217 patients with hepatitis C in two hospitals in Valencia. (*BMJ*. 1998;**316**:1626.)

### **Oxygen and Babies.**

Two recent studies have questioned the advisability of allowing babies to be exposed to low levels of atmospheric oxygen. Parkin and colleagues claim that there is an increased risk of sudden infant deaths when children, younger than 3 months, are taken on long airline flights. Milner, however, records that British Airways, who fly over 34 million passengers a year, have never had an infant death in flight. He concludes that flying is safe for healthy children in the first year of life. In the same issue, Bartsh and colleagues discuss the wisdom of taking young children on high altitude mountain treks. They note that pulmonary oedema is more common in infants who have had a recent upper respiratory tract infection and it is difficult to diagnose sub-acute mountain sickness in children under 5 years. Their conclusion is that children under 2 should not be taken on treks where they would be required to sleep above 2,000 m and, when a trek involves sleeping above 3,000 m, children should be over 10 years old. (*BMJ*. 1998;**316**:873-5, 887-94)

### **Febrile Fits in Children.**

A population based study of nearly 400 children, recently reported, has shown that, at the age of 10, children with a history of febrile fits performed as well, in a battery of intellectual and behavioural tests, as the control group. The group of 94 children with complex or serial fits performed equally well. (*New Engl.J.Med.* 1998;**338**:1723-8)

### **HIV.**

A recent survey of first time blood donors in Zimbabwe revealed that 15% were HIV positive. (*Transfusion*. 1998;**38**:279-84.)

A team of UN officials, led by Dr Peter Piot, has just completed a country-by-country analysis of the global AIDS epidemic. The results were presented to the 12<sup>th</sup> World AIDS conference held in Geneva in June. In 2 countries, Botswana and Zimbabwe, one in four adults are infected with HIV. Infection rates exceed 30% in numerous African cities and in some places rates as high as 70% have been found in antenatal clinics. In 13 of the Sub-Saharan countries the adult infection rate exceeds 10% and the rate in South Africa and Namibia could soon exceed 25%. These African figures compare with a worldwide adult HIV infection rate of 1%, the rate in the USA being 0.76% and in Canada 0.33%. (*International Herald Tribune*. June 24<sup>th</sup> 1998)

It is feared that new strains of HIV are emerging that are resistant to all the available drugs, including protease inhibitors. One of the main problems is that patients do not adhere to the very strict regimens that are required with these drugs. (*Abstracts from the 12<sup>th</sup> World AIDS conference, Geneva, New Engl.J.Med.* (in press), *BMJ*. 1998;**317**:100)

### **Malaria.**

Malaria is at present endemic in three European countries, Azerbaijan, Tajikistan and Turkey. Because there is a growing fear that malaria may spread from these to neighbouring countries, WHO has set up a European malarial surveillance programme. A case of domestically transmitted malaria was reported in Italy in April 1998. (*BMJ*. 1998;**316**:1112 & *Lancet*. 1998;)

The best protection against malaria is to avoid being bitten. A recent review has concluded that the best topical repellent is diethyl-3-methyl benzamide (DEET). This has been in use for over 40 years and has an excellent safety profile. Ultrasonic bug scarers and electronic mosquito zappers proved ineffective. (*Annals of Internal Medicine*. 1998;**128**:931-40)

### **Amyloid and Alzheimer's Disease.**

Recent work has shown that Alzheimer's is probably confined to primates, but that in primates an abnormal form of B amyloid is the causative protein. In addition a group of German research workers have produced a potentially new diagnostic test for Alzheimer's. (*Nature Medicine*. 1998;**4**:822-34.)

### **Sildenafil citrate (Viagra).**

Because of the huge demand for this drug and the high price it is commanding on the black market, counterfeit pills are being manufactured in Lebanon's Beka'a Valley. Yaakov Cass, the Israeli health ministry's Tel Aviv district pharmacist, stated that 80% of the sildenafil citrate sold worldwide on the black market was counterfeit. (*BMJ*. 1998;**316**:1626)

### **Filipino hospitals.**

At a press conference after 25 people had died in a massive fire at the prestigious Philippine Lung Centre, health secretary Carmencita Reodica admitted that most Filipino hospitals were "death traps" and had woefully inadequate fire safety regulations. Government run hospitals do not have fire fighting equipment or sprinkler systems. (*BMJ*. 1998;**316**:1626)

Michael JG Thomas  
MA, MB, FRCP (Edin), DTM&H  
Clinical Director