

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

Dear Member,

It is amazing how one just stumbles over something and suddenly you realise you have found a goldmine. The International Society of Travel Medicine has a chat room and the amount of information exchanged is incredible. One useful tip I have just picked up is that the new malaria guidelines are now available on the PHLS web site. Another valuable source of information for those of us who have little spare time is *Travel Medicine in Practice*. Although aimed at General Practitioners, this journal gives up-to-date concise information in a format, which can well be understood by anyone in the area of Human Resource Management. I recommend it as £25 per annum well spent. Further details can be obtained by calling +44-(0)208-996-0444.

### **Compression Stockings and DVT.**

A recent study has estimated that up to 10% of passengers on long haul flights may develop symptomless deep venous thrombosis (DVT). The study recruited 89 male and 142 female travellers, all over 50 years of age. They were randomly allocated to wearing compression stockings or not. 12 passengers, who were not wearing stockings, developed symptomless DVTs in their calves, whereas none of those wearing the stockings did. (*Lancet*. 2001;**357**:1485)

### **Rehydration Solutions.**

The standard WHO rehydration solution, whilst being effective, has a high percentage of dropouts, as it fails to reduce the frequency and volume of diarrhoea. A recent meta-analysis suggests that solutions with lower osmolarity will be more acceptable and just as effective. However, a note of caution is raised in the accompanying editorial, in that many of the solutions considered were used in few patients and the efficacy of lower osmolarity solutions has not been shown to be effective in cholera. Perhaps the message is "Watch this space". (*BMJ*. 2001;**323**:81-5 & 59-60)

### **Thrombosis and the Pill.**

A meta-analysis has shown that third generation oral contraceptives have a 1.7-fold higher risk of venous thromboembolism than second generation pills. However the authors stress that the risk is still much less than that of pregnancy. (*BMJ*. 2001;**323**:119-20 & 131-4)

### **Malaria Guidelines.**

The new UK malaria guidelines from the advisory committee on malaria prevention are now published and available as downloadable pdf file on <http://www.phls.co.uk/facts/mal.htm>.

### **Oral Typhoid Vaccine.**

It is whispered that the FDA will give approval at the end of August to Berna to supply the Vivotif Berna oral typhoid vaccine. (ISTM Chat Room 25 Jul 01)

## **AIDS in Russia.**

The number of people suffering from AIDS in Russia in July was 50% higher than in January 2001. Nikolai Mashkilleison, the Russian HIV co-ordinator reported that there are now 129,261 AIDS cases in Russia. However, some estimates put the figure as high as 700,000. (*BMJ*. 2001;**323**:126)

## **New Information.**

GeoSentinel (the Global Surveillance Network of ISTM/CDC) has been asked by CDC Division of Global Migration & Quarantine to advise that several new or revised notices are now live on the CDC Travel Home Page under In The News [www.cdc.gov/travel](http://www.cdc.gov/travel). Amongst the topics are Yellow Fever Vax adverse events, update on polio in Haiti/Dominican Republic, intestinal illness in Costa Rica and USA Td vaccine shortage.

## **Folic Acid Addition.**

Honein and colleagues have just published the results of their survey into neural tube defects in the USA. They found that, since the mandatory addition of folic acid to bread and pasta was introduced in 1998, the incidence of neural tube defects has declined by almost 20%. The prevalence of spina bifida fell by 26% and anencephaly by 11%. The Committee on Medical Aspects of Food and Nutrition Policy (COMA) recommended that flour in the UK should be fortified with folic acid over 18 months ago. It is felt that greater reductions could be achieved in the UK as the amount of folic acid to be added is nearly twice that in the USA. (*JAMA*. 2001;**285**:3022-3)

## **Sleeping Sickness in Africa.**

African trypanosomiasis (sleeping sickness) had been virtually eradicated by the end of the 1960s. However the breakdown in controls associated with the numerous recent civil wars has led to a resurgence of the disease. The worst affected countries are Southern Sudan, the Democratic Republic of Congo and Angola. In the Congo over 150,000 new cases have been diagnosed in the past decade and over 60 million people are now considered at risk. It is estimated that between 300,000 and 500,000 people are currently infected. (*J.Trop.Med.and Int.Hlth*. 2001;**65**:330-61)

## **Schistosomiasis and the Traveller.**

Over 10,000 tourists are infected with Schistosomiasis by bathing in Lake Malawi each year. 32% of expatriates and 83% of children, living in the area, are also infected. Ignorance of the risk of bathing in still freshwater lakes is the main cause. Although treatment is still effective, many cases go undiagnosed and lead to extremely unpleasant long-term problems. Examples of the sequellae are bowel and bladder cancer and cirrhosis of the liver. (*Trav.Med.in Pract*. 2000;**2**:34-6)

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