An Occasional Medical *Newsletter* from The Blood Care Foundation

Dear Member,

The British Travel Health Association (BTHA) was formed in 1998 and is open to anybody with an interest in travel health. As well as holding an Annual Scientific Meeting, BTHA publishes a quarterly newsletter and has just launched a scientific journal. A recent addition to membership benefits is free access to TRAVAX, the online database run by the Scottish Centre for Infection and Environmental Health and gives up to date information on health problems and vaccination requirements. If you are not already a member, I would strongly advise you or a member of your medical team to join. Membership details can be obtained from Amanda Burridge, whose e-mail address is btha@scieh.csa.scot.nhs.uk. Unfortunately for me the BTHA was not available for advice during my Army career. When I was stationed in Bahrain, I led an expedition to climb Mount Kenya. We spent a long time at the top hut acclimatising before we made our attempt on the summit, as the previous year one of the members of a similar expedition had died from altitude sickness. Recently a young friend of mine went on a trekking expedition in the Himalayas and a number of the party suffered from this problem. As more and more people travel to high altitudes without time for proper acclimatisation this will become a major problem. The review, described below is mandatory reading for anyone responsible for personnel travelling to high altitude venues.

Acute Mountain Sickness.

Rapid ascent above 8,000 feet (2,450m) can induce acute mountain sickness (AMS). However, you do not need to be on a mountaineering expedition. Lima, Peru and Cusco, Peru, both accessible by direct flights are at 11,000 feet (3350m) and AMS is seen in about 40% of people who make such flights. Dr Armstrong has written an excellent review of the clinical symptoms, prevention and treatment of altitude illness. (*Trav.Med. in Pract*. 2000;**2**:46-7)

The Mediterranean Diet.

Diet and the incidence of heart disease has been a topic of controversy over the past 30 years. The question is not just "Does diet modify the risk?" but also "Which diet gives the best protection?" For those of you, who like me, have been baffled by the complexities, an excellent review has recently been published. Not all the questions are answered but the fog has cleared a little and there is no doubt that I will be increasing my intake of fruit and vegetables. (*Thrombus*. 2001;**5(2)**:9-11)

Fish and Prostate Cancer.

A large prospective Swedish trial, which has been conducted over the past 30 years, was recently reported. It showed that men who ate no fish were three times more likely to develop prostatic cancer than those who ate large amounts. Fish, such as salmon, mackerel and herrings, are rich in omega-3 fatty acids and it is believed that these inhibit arachidonic acid-derived eicosanoid biosynthesis. (*Lancet*. 2001;**357**:1765-6)

Hand Hygiene.

The DoH has recently published the Epic evidence based guidelines on hand hygiene. Hospital acquired infections in the UK cost around £1bn per annum. The recent National Audit Office report suggests that this figure could be cut by at least 15% if proper hand hygiene procedures were introduced. The most effective method is 10-20 seconds hand rub with an alcohol-glycerol solution between patients. (*BMJ*. 2001;**323**:411-2)

HIV in Southern Brazil.

A recent survey shows dramatic decreases in the risk of contacting HIV from a blood transfusion in Southern Brazil. In 1995-6 the risk was 1:3794 and this has now fallen to 1:48,777. However, this is still about 100 times greater than the risk in the UK or the USA and also indicates that the risk of contracting other transmissible diseases, such as Hepatitis B and C, is significantly increased.

Provision of Corporate Travel Medicine.

A recent review of the provision of corporate travel medicine services concludes that, for many companies, it is financially and temporarily more efficient to arrange for the travel medical service to be provided on-site rather than send staff to the provider's own clinic. (*J.Travel Med.* 2001;**8(4)**:163-6)

Visceral Leishmaniasis.

The cost of treatment for visceral leishmaniasis is frequently too high to be available to workers in developing countries. A recent trial in India has shown that liposomal amphotericin B, given as a single dose or a short 5-day course, at a dose of 5mg/kg gave a 92% cure rate. If this effect is confirmed in other trials, this would make the treatment affordable. (*BMJ*. 2001;**323**:419-20)

Pharmacopoeia of China.

The English edition of the Pharmacopoeia of the Peoples Republic of China has just been published. It covers almost all the traditional Chinese medicines and most Western medicines. ISBN: 7-5025-2981-0 (volume I - herbal medicine) and 7-5025-2982-9 (volume II – Western medicine). For further information contact Chi Zhenguo, E-mail: szchis@sz.gd.cninfo.net.

Travel Safety.

Two excellent reviews of travel medicine hazards in South Africa and Thailand have just been published. I fell that they provide valuable information to all who are providing H&HR services. (*J.Travel Med*. 2001;**8(4)**:176-203)

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