An Occasional Medical *Newsletter* from The Blood Care Foundation

Dear Member,

The problems of the airline industry are manifest for all to see over the recent months. They have not been helped by a recent court action suing them for failure to provide sufficient care against "Economy class syndrome". In earlier letters, I pointed out that this problem has been with us for over 60 years, long before "Economy class" was invented. As you will see below, further evidence with regard to this problem has recently been reported.

HIV and Hepatitis G.

Two recent papers have demonstrated a beneficial effect of co-infection of hepatitis G and HIV. In the first paper 362 patients were studied. Those who were co-infected had a 3.7 times better chance of survival over a mean period of 4.1 years. The second paper showed that current infection was more effective than previous infection with hepatitis G in prolonging survival. However the authors give a word of warning stating "Any suggestion that the intentional infection of persons with GB virus C (hepatitis G) be explored as a therapeutic approach for HIV infection is premature." (*New Engld.J.Med.* 2001;**345**: 707-14 & 715-24)

New Hope for vCJD.

The condition of a 20-year old patient with vCJD appears to have improved following treatment with quinacrine and chlorpromazine. The patient has regained the ability to talk and feed herself and take a few steps unaided. This drug regimen has already been shown to inhibit the propagation of prions in cell culture, but this is the first trial in humans. (*Proc.Nat.Acad.Sci.* 2001; **98:9836**-41)

The Epidemic that Never Was.

A recent article has questioned the link between BSE and vCJD, arguing that a proper assessment of the relevant epidemiological criteria reveals major weaknesses in the case for a link. One interesting point, which appears to have been ignored in all the recent published work, is that Creutzfeldt's original case died at the age of 23, with clinical features remarkably similar to those of vCJD. The author postulates that we are not seeing a new disease, but we have just become more aware of one that has been around for years. (*Brit.Med.J.* 2001;**323**:858-61)

Economy Class Syndrome.

Histological examination of 14 fatal cases of "Economy class syndrome" found pre-existing disease in 5 cases, in 4 of which the fatal clot predated the flight. 2 of the patients had been flying business or first class and one had no previous history of clotting abnormality. The authors conclude that "Economy class syndrome" cannot be blamed for all pulmonary emboli and deep vein thromboses found in long-haul passengers. (*Aviat. Space & Environ.Med.* 2001;**72**:747-9)

Malaria Prophylaxis.

The combination of atovaquone and proguanil (Malarone) has been used since 1996 as a prophylactic for malaria. In randomised placebo-controlled trials it has been shown to be as effective as mefloquine but has fewer moderate or severe side effects, especially neuropsychiatric ones. In addition, due to the lower incidence of side effects, the number of people discontinuing their prophylaxis was less than a quarter of the rate amongst those taking mefloquine. It was, therefore, surprising to read that the author of a recent article in the Drugs and Therapeutic Bulletin considered that there was insufficient evidence that Malarone is effective, especially as the article points out another major advantage, which is that treatment only has to be continued for one week after leaving a malarious area in contrast to the 4 weeks for other forms of prophylaxis. (*dtb*. 2001;**39(10)**:73-5)

AIDS in Asia.

China's vice minister of health gave a press conference recently in Beijing. He reported that there had been a 67.4% increase in HIV infection reported in the first 6 months of 2001, when compared with the same period in 2000. He said that there were over 600,000 cases of HIV in China at present and this figure would rise to around 1.5 million by 2010. Another worrying fact was that between 30,000 and 50,000 people had been infected by blood transfusion, either from reused equipment or poorly tested blood. He outlined the risks associated with transfusion of blood and blood products and admitted that in some areas as many as 4/10,000 transfusions were infected with HIV. He acknowledged "We have not effectively controlled the epidemic." In the rest of Asia, the picture is in a state of flux. Indonesia, Iran, Japan, Nepal and Vietnam have all had major increases in HIV infection recently. In India, the incidence of HIV in pregnant women, which is a good indicator of its penetration in the population at large, is as high as 6% in some areas and this figure is around 5% in some parts on Myanmar. The report '*The Status and Trends of HIV/AIDS/STI Epidemics in Asia and the Pacific* is available from the internet at www.unaids.org.hivaidsinfo/statistics/MAP/MAP2001.doc

Blood in India is Unsafe.

At a recent conference, Dr Ambika Nanu, head of Transfusion Medicine at the All India Institute of Medical Sciences, admitted that blood screening in India remained largely cosmetic. Too much reliance was placed on disease screening, and there is no comprehensive drive to promote unpaid voluntary donation as opposed to the use of paid donors. Indian blood remains unsafe. (*BMJ*. 2001;**323**:1024-5)

New Heart Attack Test.

A new study has found that virtually all myocardial infarctions can be identified within 90 minutes by measuring the whole blood levels of cardiac troponin I, creatinine kinase MB and myoglobin. If any of the 3 tests are positive a diagnosis of myocardial infarction (MI) should be made. In a recent series of 1285 patients a diagnosis of MI was made in 66. All of these cases were identified within 90 minutes and were later confirmed by electrocardiography. (*Am.J.Cardiol.* 2001;**88**:611-7)

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