

An Occasional Medical *Newsletter* from The Blood Care Foundation

Dear Member,

This letter may well have a prophylactic flavour as I became aware that my wife and my immune status with regard to tetanus was woefully out of date. We have recently had a delivery of 7 tons of topsoil delivered for some new rose-beds in our garden. This topsoil was liberally laced with horse manure, a major source of tetanus spores. A recent issue of *Epidemiology and Infection* (2003;**130**:71-7) reported that, in England and Wales, there had been 175 cases of tetanus between 1984 and 2000. The highest incidence was in people over 64, many of whom gave a history of penetrating injuries from rose thorns or nails. There were 42 deaths and the authors suggest that people's vaccine status could be improved if tetanus boosters were combined with flu vaccination.

vCJD Epidemic.

Scientists at Imperial College, London have predicted that as few as 40 people could die over the next 80 years from variant Creutzfeldt-Jakob disease. They now predict the upper limit to be 540 cases compared with the 2001 prediction of above 50,000. (*BMC Infectious Diseases*. 2003;**3**:4 or www.biomedcentral.com/1471-2334/3/4)

Aviation Health Unit.

The British government and Civil Aviation Authority are jointly setting up an Aviation Health Unit. It is to be a centre of expertise to advise passengers, the airline industry and the government. It is hoped that the unit will be fully staffed and functional by the summer. The consultation document, which was issued by a House of Lords Select Committee, together with an analysis of the responses from the public is available at www.avaition.gov.uk/conindex.htm

New US HIV Initiative.

Each year, in the USA, about 40,000 new cases of domestically acquired HIV are diagnosed. Dr Julie Gerberding, the director of the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia recently stated "We have well over 800,000 people living with HIV in our country, but an estimated 200,000 of these people do not know they are infected and, tragically, are not getting appropriate treatment for their HIV infection." As a result CDC have announced a new initiative to allow easy access to testing so that people can learn their status and obtain appropriate counselling and/or treatment. Dr Gerberding outlined 4 parts to the initiative:

- ☞HIV testing to be routine component of medical care.
- ☞Rapid screening tests to be introduced, giving a result within 20 minutes.
- ☞Greater emphasis to be placed on contact tracing.
- ☞HIV testing to be part of routine antenatal care.

Details of the new initiative can be found in MMWR Morbidity and Mortality Weekly Report. (*MMWR*. 2003;**52**:329-32)

MMR Vaccine.

A recent survey has shown that most people wrongly believe that doctors and scientists are equally divided over the safety of the MMR vaccine. Less than 25% of those questioned in a recent survey were aware that the vast bulk of evidence favoured the vaccine. (*Towards a better Map: Science, the Public and the Media*. Available at www.esrc.ac.uk)

Altitude Illness.

Altitude illness is common on people ascending to more than 2,500m, especially if the ascent is rapid. With more people travelling to remote places at high altitude by air, both for business and pleasure, the incidence of altitude illness is increasing. Whilst most cases are mild, self limiting and are cured by resting at the initial altitude, a few progress to acute mountain sickness with either cerebral or pulmonary oedema. The mainstay of treatment is to bring the patient to a lower altitude as quickly as possible. Oxygen and drug treatment should only be viewed as adjuncts to aid descent. Barry and Pollard have reviewed the current literature and produced a set of realistic guidelines based on this and their own experience. This will be extremely helpful to anyone who is responsible for people flying to places above 2,500m. (*BMJ.* 2003;**326**:915-9)

Bat Rabies.

The death of the bat conservationist last year was the first fatality since 1902 from UK acquired rabies since 1902. However, since 1977 there have been, in mainland Europe, 4 deaths from bat rabies and 2 deaths in Australia since bat rabies was first described in 1996. Although the organism causing bat rabies is a lyssavirus, rather than the classical rabies virus, the clinical picture is identical to classical rabies and the outcome is similarly inevitably fatal. Luckily, normal rabies vaccines and immunoglobulin are protective. Current advice suggests that vaccination should not be confined to bat conservationists and other volunteers who regularly handle bats, but should be extended to anyone whose occupation or recreational activities brings them into close contacts with bats. (*BMJ.* 2003;**326**:726)

Disease Awareness.

The European Travel Health Advisory Board interviewed over 600 people travelling to developing countries from London Heathrow, Paris Charles de Gaulle or Munich. More than one third of the travellers had neither sought nor received any pre-travel health advice and, of those who had, over 20% had sought this less than 14 days prior to travel. Only a minority had been immunised as per national or WHO recommendations and many misperceived malaria risks and recommended preventative measures at their destination. The Board conclude that there is an important need to improve the education and advice given to travellers to developing countries. (*J.Trav.Med.* 2003;**10**(2):75-8)

Controlling Motion Sickness.

Controlled breathing and listening to a music audiotape were found to provide significant protection against motion sickness in a recent set of controlled experiments. However, they were only half as effective as anti-motion sickness drugs, but they were easy to implement and free from side effects. (*J.Trav.Med.* 2003;**10**(2):108-11)

“Normal” Blood Pressure is Too High.

A recent report postulates that the current normal blood pressure of 120/80mm/Hg is in fact abnormal. This was presented at the annual meeting of the American Society of Hypertension in May. The new guidelines categorise blood pressure as normal up to 119/80mm/Hg, pre-hypertensive 120/80 - 139/89mm/Hg, stage 1 hypertension 140/90 - 159/99mm/Hg and stage 2 hypertension 160/100mmHg or higher. The risk of cardiovascular disease begins at 115/75mmHg and doubles with each increment of 20/10mmHg. (*JAMA.* 2003;**289**:2560-72)

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