

An Occasional Medical Newsletter from The Blood Care Foundation

Dear Member,

This is the fifth of an occasional series of newsletters to draw your attention to items which have recently appeared in the Medical Literature and which may well have some bearing on the medical precautions you take during your travels. I am continuing to produce these letters but would be interested to know whether you find them at all helpful.

Deliberate Mistake

My thanks to Drs Dugelay and Morrison for spotting my “deliberate mistake” in Newsletter No 3. Chagas Disease is, of course muco-cutaneous trypanosomiasis caused by *Trypanosoma cruzi*, and not as I stated muco-cutaneous leishmaniasis. I must have been dreaming of one of our Directors General, Sir William Leishman, the discoverer of the leishmanial parasite, who tragically died of acute appendicitis in 1924.

How Safe is Your Blood?

A worrying point has emerged with regard to what constitutes an “unpaid voluntary donor”. A letter in this month’s *Transfusion* reports a case of a US Postal Worker who denied having been put at risk for contracting HIV although he had had sex with another man. The reason for this is that the US Post Office gives donors 8 hours paid leave on production of a donation certificate. but does not give any time off if a donor is rejected. On enquiring of a couple of colleagues I discovered that in Belgium all donors get a day’s paid holiday and the Belgian Army gives a further 2 days to be taken during the ensuing 2 months. The Portuguese Army gives 3 days leave. The Foundation is very careful to ensure that our blood is drawn only from those centres where no financial inducements of any kind are offered to potential donors. (*Transfusion* 1997;37:447-8)

Hepatitis G

Since its discovery in 1995, clinicians have debated whether the hepatitis G virus (HGV), and its variant the GB agent (GBV-C), actually caused clinical disease. Recently two of the world’s leading authorities in this field, Drs Harvey Alter and John Barbara, have each published a comprehensive review of the evidence. They agree that the HGV and GBV-C are both widely found in the normal donor populations and that both viruses can be transmitted by blood transfusion as proved by prospective trials. However they both conclude, after exhaustive studies of the published data, that there is no evidence that either virus causes any clinical illness and that there is no reason, at present, to screen blood for either of these viruses. In addition, Dr Alter questions whether HGV should be renamed as it can not be truly called a hepatitis virus as it does not cause this disease. (*Transfusion*. 1997;37:569-72 and *Transfusion Medicine*. 1997;7:75-6.)

HIV

The United Nations AIDS Office is predicting a rapid rise in the incidence of HIV in the general population in Russia. In 1996 more than 60% of new cases of HIV occurred in injecting drug users (1995 0.3%). In other countries sharp rises in HIV infection in drug users has been followed by a similar rise in the general population. The Russian interior ministry estimates there are more than 2 million drug users in Russia of whom 350,000 are regular injectors. Most are between 15 and 25

years old and, because of the shortage of disposable equipment, as many as 25 people may share one each needle. (*BMJ*. 1997;**314**:1783.)

Antimalarial Drug Interaction

Munera et al have recently reported the case of a 52 year old white female whose hypothyroidism was stabilised with thyroxine sodium 125 μ g daily. On 2 occasions she visited malarious areas when she took chloroquine 100 mg daily and proguanil 200 mg daily as prophylaxis. On both occasions her thyroid stimulating hormone levels rose, once to 44.8mU/l and on the other visit to 54.7mU/l (normal range 0.35 – 6.0 mU/l). It is suggested that the chloroquine enhanced the induction of liver enzymes, thus increasing the catabolism of the thyroid hormones by enzymic induction. (*British Medical Journal* 1997;**314**:1593)

Genetic Susceptibility to Malaria

Recent work by the Wellcome Trust in Gambia suggests that there is a genetic susceptibility to malaria. Studies in dizygous twins have mapped the major histocompatibility complex region involved and compared the incidence of *P falciparum* malaria in the different groups. (*BMJ* 1997;**315**:96-7)

Road Traffic Accidents

Although the death rate from motor vehicle accidents is falling in most industrialised countries, it is rapidly rising in most Asian countries. Road death rates per head in China are similar to those in the USA, even though there are only 5 motor vehicles per 1000 population in China compared with 770 vehicles per 1000 population in the United States. (*BMJ* 1997;**314**:1855-9)

Cholera

The number of cases of cholera reported to the World Health Organisation in each year of this decade is higher than ever before. Over the last 6 years more than 1.4 million cases have been recorded with over 10,000 deaths in the Americas. (*Lancet*. 1997;**349**:1825-30)

Air Travel

American Airlines are equipping all their “long distance over water” aircraft with automatic external defibrilators. They are training 2,300 cabin staff in their use and hope that this action may well save lives. (*Aviation Space and Environmental Medicine*. 1997;**68**:365-7)

Schistosomiasis

A recent survey of 1695 villagers living on an island in Lake Victoria showed that 86% were infected with *Schistosoma mansoni*. Travellers to Tanzania should be warned of the dangers of swimming in the local lakes and rivers and that, if they develop an itchy rash, they should report to their doctor in case this is “swimmers itch”, the sign of infection with schistosomal myracidia. The disease can now be effectively treated with praziquantel. (*Tropical Medicine and International Health* 1997;**2**:230-9)

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