

**An Occasional Medical Newsletter**  
**from The Blood Care Foundation**  
**Number 52**

Dear Member,

An article in the latest edition of the Consumers' Association magazine "Health Which" has reminded us of the dangers of the excessive use of sun-beds, especially amongst the young. However, a far greater hazard is excessive exposure to the sun itself, especially when not using a high protection sun screen. Recently two major reviews have emphasised the connection between exposure to the sun and malignant melanoma. Veierod and colleagues studied over 106,000 women who were aged 30-50 years in 1991 or 1992. They found that the incidence of malignant melanoma correlated with 3 factors, the number of times the person had been sunburnt, fair skin and red hair and the amount of time spent in solarium. Children and young adults are at greater risk than older people. de Braud et al found that malignant melanoma accounts for 1 and 1.8% of cancers occurring in men and women, respectively. The incidence rate is increasing faster than that of any other tumour. (*J.Natl.Cancer Inst.* 2003;**95(20)**:1530-8 with comments in *J.Natl.Cancer Inst.* 2004;**96(4)**:335-8 *Critical Reviews in Oncology-Hematology.* 2003;**47(1)**:35-63) A useful website for the non-medical audience is [www.cancerhelp.org.uk/help/default.asp?page=3007](http://www.cancerhelp.org.uk/help/default.asp?page=3007).

It points out that sunburn is painful, which is one good reason for preventing it. Another one is the increased future risk of malignant melanoma, as sunburn doubles the chance of developing skin cancer. Remember the SunSmart message:

**Stay** in the shade between 11am and 3pm.

**Make** sure you never burn.

**Always** cover up.

**Remember** to take extra care with children.

**Then** use factor 15+ sunscreen.

In addition don't forget to protect your eyes by wearing good quality wrap around sunglasses. Buy good quality ones for the children as well, because toy ones can be harmful. Another useful website is:

[www.netdoctor.co.uk/diseases/facts/skincancermalignantmelanoma.htm](http://www.netdoctor.co.uk/diseases/facts/skincancermalignantmelanoma.htm)

### **Dengue.**

Dengue is now considered a global pandemic and has been found in 101 countries. As it is an urban disease, found in most tropical parts of the world, many of which are popular tourist destinations, it has become a problem for the traveller. It is estimated that the annual incidence is between 50 and 100 million cases for dengue fever and several hundred thousand for dengue haemorrhagic fever. The recent introduction of the mosquito *Ae.albopictus*, which is a vector for the virus, to Italy, France and Albania, could presage the return of this disease to large areas of Southern Europe. An recent excellent review explains the problems, both clinical and epidemiological. (*J.Trav.Med.* 2004;**11(3)**:161-70)

### **When to Give Infants Solid Food?**

The current belief is that introducing solids to an infant's diet too early predisposes to asthma and allergy later in childhood. A recent study of more than 600 children, who were followed up to the age of 5½ years refutes this. Later introduction not only failed to protect against wheezing, atopy or eczema, but when eggs were introduced late, the risk of developing eczema was greatly increased. (*Arch.Dis.Child.* 2004;**89**:309-14)

## **Do Mosquito Coils Prevent Malaria?**

Lawrence and colleagues, after an extensive search, found 15 controlled trials on the efficacy of mosquito coils, although none of them measured the incidence of malaria as an outcome. They found evidence that burning coils inhibits nuisance biting by many mosquito species but no evidence that burning prevents malaria acquisition. They suggest that a randomised field trial should be conducted and, in addition, the potential harmful effects of coil smoke inhalation by humans should be investigated. This is an important issue as the Health Protection Agency has recently reported that the number of deaths from falciparum malaria in the UK rose from 9 in 2002 to 16 in 2003. Falciparum malaria accounted for 78% of the 1,722 cases of malaria diagnosed in the UK during 2003. (*J.Trav.Med.* 2004;**11(2)**:92-6)

## **Radiation Incidents.**

It is 3-o-clock in the morning and the telephone rings. A very frightened voice says "Doctor, we have a major radiation incident in your area. We are not sure whether this is a terrorist incident or not". Would you be in a position to help or even cope with your own personal safety? An excellent clinical review by Turai and colleagues covers the clinical manifestations and pathological changes associated with radiation incidents. In addition, they discuss the global statistics, major causes of radiation accidents, strategy and safety aspects of the medical response and typical exposure scenarios. Finally they provide an excellent guide to the management of contaminated patients. (*Brit.Med.J.* 2004;**328**:568-72)

## **The Risk Posed by Dead Bodies in Natural Disasters.**

Fears that bodies of those who drowned in the recent floods in Haiti and the Dominican Republic, would pose a threat to the survivors, were not only unfounded, but might well have compounded the health problems. Dr Jean-Luc Poncelet, the Director of the Emergency Preparedness and Disaster Relief programme for the Pan-American Health Organisation said "People are reacting to the misguided fears that bodies will spread disease. This misconception is very common, and the same reaction has occurred in many countries around the world." These remarks followed the publication of a recent review by Dr Oliver Morgan from the London School of Hygiene and Tropical Medicine of the infection risks for public safety and funeral workers. (*Revista Panamericana de Salud Publica.* 2004;**15**:307)

## **Ebola Virus.**

Scientists who have recently produced a vaccine against Ebola virus have successfully immunised mice against the disease. The vaccine contains virus-like particles made from the virus' protein coat, but these particles lack the genetic material required for reproduction. However, it seems that these particles will induce a protective antibody reaction, at least in mice. (*Proc.Nat.Acad.Sci.* 2003;**100**:15889-94)

## **Heart Disease.**

The Japanese eat very little fat, whilst in Mexico they eat a lot, but both groups suffer fewer heart attacks than the British or Americans. Africans drink little red wine, while the Italians drink a lot. Again both groups have fewer heart attacks than the British or Americans. You might conclude that you can eat and drink what you like: speaking English is what seems to kill you.

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