

An Occasional Medical Newsletter
from The Blood Care Foundation
Number 58

Dear Member,

As summer approaches, we are likely to go out exploring the countryside. Although there are over 70,000 deaths annually worldwide, UK had the luxury, until 2002, of being rabies free. In 2002 the first death from rabies contracted in the UK occurred in a licensed bat handler, who did not contract classical rabies but rather European bat lyssavirus type 2a (EBLV-2). Because EBLV-2 is, like classical rabies incurable but totally preventable, the Department of Health has made its advice on post exposure prophylaxis in the *Green Book* chapter on rabies available on the web. (www.dh.gov.uk/assetRoot/04/09/79/03/04097903.pdf) In addition the Department of the Environment has issues a draft rabies contingency plan for consultation, which can be found at www.defra.gov.uk/animalh/rabies/rabies_contingency/index.htm. Should you come across an injured or sick bat, you should never handle it but contact the Bat Conservation Trust (Tel: 0845-1300228) or the local animal health divisional office. This advice is for UK, where the danger is minimal, but in other parts of the world the dangers are far greater and for this reason the Foundation has introduced its rabies post-exposure courier service.

Protection from Hepatitis B Immunisation.

Nearly 25 years ago the inhabitants of 15 Alaskan villages were immunised against hepatitis B. Fifteen years later measurement of antibody levels showed that 84% were still immune. The lowest fall-off in immunity was found in those who had been immunised as young adults and fell-off fastest in those immunised before the age of 4 years. Of the 783 people initially immunised there were only 16 cases of breakthrough infection and all these were asymptomatic. (*Ann.Int.Med.* 2005;**142**:333-41)

Malaria in Travellers.

Two articles have recently discussed the risk of contracting malaria in widely different groups of travellers. Byrne and Behrens found that the risk awareness and compliance with counter measures, including chemical prophylaxis, was much higher in airline crew during short layovers in Sub-Saharan Africa than in tourists. The calculated risk of falciparum malaria was calculated to be 1.6 cases per 100,000 nights exposure. Knobloch discusses the various strategies to be employed when advising long-term travellers. His main conclusions are that there is no "one size fits all" solution and appropriate drug information should be given for each individual case. In addition he stresses the need to make people aware of the benefits of decreasing their exposure by sleeping under impregnated mosquito nets, wearing appropriate clothing after dusk, spraying residences and controlling mosquito breeding sites. (*J.Trav.Med.* 2004;**11**:359-63 & 374-8)

Schistosomiasis and the Traveller.

Schistosomiasis is the second commonest parasitic disease in the world affecting over 200 million people of whom about 120 million are symptomatic. The disease is carried by various species of water snails and about 85% of the disease burden is in Africa. Brazil, China and the Yemen are the countries with the highest infection rates respectively in America, Asia and the Middle East. Whilst most tourists and business travellers do not have repeated exposures, which would lead to chronic disease, they are subject to the acute illness known as Katayama fever, which can have severe neurological sequelae. River rafters and people on adventure expeditions should be warned of the possible dangers before setting out. (*J.Trav.Med.* 2005;**12**(1):1-13)

Travel and Thrombosis.

The discussions which have taken place since so-called “economy-Class Syndrome” hit the headlines has shown that deep vein thrombosis (DVT) can occur in association with any form of travel. There are no published evidence-based guidelines but common sense would indicate that it is better not to sit in the same position for long periods, not to cross your legs, regularly flex your calf muscles and keep well hydrated. In addition wearing compression hosiery and taking an aspirin the day before travel are sensible precautions when travelling for over 6 hours. If you have had surgery lasting more than 30 minutes in the previous 4 weeks, are suffering from a malignancy or have a plaster cast on your lower limb, it might be worth asking your doctor to consider prescribing low molecular weight heparin for self-injection one to two hours before travelling in addition to you taking the previous precautions. (*Thrombus*. 2004;**8(2)**:11)

Guess Your Weight.

When faced with having to estimate a patient’s weight as no scales are readily available, for example to work out a drug dosage, it is best to ask the patient to guess their own weight. In a study of 458 patients 91% of patients were within 10% of their actual weight whereas the doctors and nurses virtually all considerably underestimated the patient’s weight. (*Academic Emerg.Med.* 2005;**12**:262-6)

Alzheimer’s Disease and Obesity.

A Swedish study of 290 women born between 1908 and 1922 showed that those with a high body mass index at each of four routine examinations were more likely to have atrophy of the temporal lobe, an early sign of Alzheimer’s disease, than those with a normal index. The temporal lobe atrophy was shown by computed tomography at the latest examination. (*Neurology*. 2004;**63**:1876-81)

Traveller’s Diarrhoea in Jamaica.

A study in 1996 found that approximately one visitor in four to Jamaica was affected by traveller’s diarrhoea (TD). Following this the Ministry of Health instituted a programme of hotel-based surveillance and technical training in environmental health and food safety to the food and beverage staff. This was completed by the end of 1998 and the impact of these measures was assessed in a survey of tourists departing from the international airports in Kingston and Montego Bay. By the end of May 2002 the incidence of TD had fallen by 72% and the current surveillance data indicates that the vast majority of visitors to Kingston and the southern regions are unaffected by TD. (*J.Trav.Med.* 2004;**11**:364-9)

The Physics of Footwear.

Paul Stevenson from the University of Surrey, Guildford, England, intrigued by the way Carrie in *Sex and the City* managed to cope with extremely high heels, designed a formula to determine the maximum “safe” height for such footwear. Using Pythagoras’ Theorem he found that the maximum heel height can be derived from $h = Q(12 + 3s/8)$ where h is the height in cm, s is the UK shoe size and Q is a sociological factor between 1 and 0. The latter was included at his wife’s insistence and includes matters such as cost and fashion, not to mention alcoholic intake. Using this formula, he worked out that a sober Carrie can wear a 12.54cm heel.

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