

An Occasional Medical Newsletter from The Blood Care Foundation

Dear Member,

Here is the sixth of my occasional series of newsletters.

Hepatitis C

Dore and colleagues studied 2022 people who had been exposed to blood or tissue, the donor of which was positive for antibody to hepatitis C (HCV). Of these 1148 were positive, and 874 negative, for HCV RNA when tested by polymerase chain reaction. Whilst transmission occurred in 83% of those exposed to blood components derived from donors positive for HCV RNA, no cases of transmission occurred when the donor was negative for HCV RNA. The conclusion drawn is that negative results by polymerase chain reaction indicate an extremely low probability of transmission of HCV. (*BMJ*. 1997;**315**:333-7.)

The use of intra-muscular immunoglobulin in the sex partners of patients infected with HCV gives a protective effect. In a recent trial only one of 450 partners given immunoglobulin seroconverted, as opposed to 6 of 450 who were given a placebo. (*Arch.Int.Med* 1997;**157**:1537-44)

Allergy to Oilseed Rape

The Medical Research Council have recently reported that they have been unable to establish a causal relationship between exposure to oilseed rape and the symptoms of general malaise, cough, wheeze and headache which have been reported by patients living in areas where the crop is grown. They do accept that a very few people, most of whom are atopic, may have an allergic response to the pollen but it is minimal when compared with other pollens. (Oilseed rape: allergenicity and irritancy. *A report by the MRC Institute for Environment and Health, 1997* (Assessment A3))

Bloodless Surgery

New techniques evolved in New York have allowed 50 Jehovah's Witnesses to undergo open-heart surgery without resort to blood transfusion. Full courses of preoperative erythropoietin were used to boost the patients' haemoglobin levels, aprotinin was used to reduce haemorrhage and in all the operations intraoperative cell salvage was performed. (*J.Am.Coll.Surg.* 1997;**184**:618-29)

Malaria

There were over 2,500 cases of imported malaria in the UK in 1996, many of whom were business travellers. A leaflet designed to raise the awareness of malaria and its prevention has been produced by the Department of Health. Copies may be obtained from Department of Health, PO Box 410, Wetherby, West Yorkshire, LS23 7LN, UK. Updated guidance for clinicians on malaria has now been published by the Malaria Reference Laboratory. One major point made in the advice is that the risk of malaria must be balanced against the risk of adverse reactions to antimalarial drugs. Treatment with mefloquine carries the risk of neuropsychiatric reactions and so it should only be used when the risk of acquiring multi-drug resistant falciparum malaria is high. (*CMO's Update* 15 August 1997) (*Communicable Disease Report Review* 1997;**7**:R138-52)

An excellent clinical review of where we are and where we are going with regard to malaria has just been published. It covers the molecular biochemistry, disease mechanisms, treatment strategies, vaccines and prophylactic measures. (Krishna S. Malaria, science, medicine and the future. *BMJ* 1997;**315**: 730-2)

Death Rates in Russia

Death rates, especially those due to violence and alcohol, have risen dramatically since 1991. Between 1984 and 1987 all causes of death, except those from neoplasms, fell and life expectancy for males rose from 61.7 to 64.9 years and for females from 73.0 to 74.3 years. Between 1987 and 1994 the life expectancy fell to 57.6 years for males and 71 years for females. Other major contributory causes were infections and circulatory and respiratory disease. (*Lancet* 1997;**350**:383-8)

AIDS

It appears that a mutation in a chemokine receptor gene, CCR2, delays the progression to AIDS in people infected with HIV. People with the mutation take 2-4 years longer to develop AIDS than those without the mutation. A mutation in the CCR5 gene not only slows the progression to AIDS but also offers some protection against HIV infection. (*Science* 1997;**277**:959-64)

HIV

Approximately 10% of adults in rural Uganda are HIV positive. Death rates in HIV positive individuals are 10 times higher than in those people who were not infected. 41% of all deaths in adults are due to HIV-1 infection and this figure rises to over 70% in males aged 25-44 and females aged 20-44 years. (*BMJ* 1997;**315**:767-71)

The HIV assay kit, IMx HIV 1/2 3^d Generation Plus, produced by Abbott Laboratories has been found to have an unacceptably high level of false negative results. Evans et al, in their recent report, conclude that dual screening should be considered for patients known to be at increased risk of HIV infection. (*BMJ* 1997;**315**:772-4)

Plague

A patient, who developed bubonic plague in Madagascar, has been found to be carrying a strain of *Yersinia pestis* resistant to all first line antibiotics as well as to the principal alternative drugs for treatment and prophylaxis. This resistance was due to the acquisition of a multidrug resistant plasmid. The cause for concern is that this plasmid can be transferred to other strains of *Y pestis* in their natural environment. (*New.Engl.J.Med.* 1997;**337**:677-80)

Greek Ladies

A recent survey has shown that Greek women have lower rates of osteoporosis and fewer hip fractures than women in Northern Europe. Research in Athens has found a positive correlation between bone mineral density and the dietary intake of olive oil. (*Preventive Medicine.* 1997;**26**:395-400)

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Michael JG Thomas
MA, MB, FRCP (Edin), DTM&H
Clinical Director