

News bites

International

Clocking heart attacks

Swedish researchers have looked at 20 years of records and found that the number of heart attacks dipped on the Monday after clocks were set back an hour from daylight saving time to standard time, possibly because people got an extra hour of sleep. But when clocks were moved forward there were more heart attacks during the week, particularly on the first three days of the week.

Malaria drug pricing deal on cards

Anti-malaria campaigners are confident that a deal can be reached with pharmaceutical groups to cut the cost of new drugs needed to fight a disease estimated to kill more than 1 million people a year. Negotiations are being held with several big drug manufacturers as part of a wider drive to bring the cost of so-called artemisinin-based combination therapies (ACTs) down to the level of the older, but now ineffective, chloroquine treatments. 'I am very hopeful that this first stage, the negotiations, will produce results,' Michel Kazatchkine, executive director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, told reporters in Paris recently. The negotiations, part of a programme called the Affordable Medicines Facility – Malaria (AMFm), aim to persuade drug companies to cut the price of ACTs to all first-time buyers to \$1, the price currently charged to public sector buyers.

The AMFm would then subsidise wholesalers 95% of the cost, enabling them to sell the drugs at prices within reach of people in some of the world's poorest countries who may be living on \$1 or \$2 a day. Malaria, a disease spread by mosquito-borne parasites, is contracted every year by up to 500 million people, of whom more than 1 million die, according to figures from the World Health Organization. Chloroquine, one of the former standard treatments for the disease, has become ineffective in many countries as resistance levels have grown. But its low cost (around 20 cents a dose compared with \$4 - 5 for ACTs) makes it far more affordable for people living in poor African, Asian or Latin American countries where the disease is most dangerous.

Africa

MSF update on Kivu region meltdown

The humanitarian situation in the Kivu region of north-eastern Congo was deteriorating rapidly at the time of going to press. Thousands of people were fleeing the fighting – many already having been on the run for weeks. The situation was 'extremely volatile and changing from hour to hour', according to the MSF head office in Johannesburg.

On 31 October MSF was still working in Goma and in other towns and villages in North Kivu. 'We are extremely concerned about the tens of thousands of people currently on the move, fleeing the fighting,' a spokesman said. In Kitchanga, Masisi, Mweso, and Rutshuru, MSF was the only remaining international organisation providing medical and humanitarian assistance. In Goma, MSF had reduced its teams to essential staff only. On 30 October staff evaluated the hospital in Goma, donating medical supplies, with a skeleton 6-person medical team treating the wounded. Another MSF team discovered that large numbers of displaced people had come south from Kibati and were now in the northern part of Goma. MSF was working in Mugunga camp, the large camp for displaced people outside Goma, on the road to Saké. As of Wednesday night, 29 October, there were 31 confirmed cases of cholera in the MSF cholera treatment centre. Thirteen of the patients fled that night because of fighting – only two returned the following day. There was no supply of clean water in the camp, increasing the risk of a serious cholera outbreak. Rutshuru was calm on Thursday morning and the MSF surgical team there continued to treat wounded people at the hospital. Teams were also continuing their work at the hospitals in Kitchanga and Mweso, and were operating mobile clinics in the area. MSF was sending more staff to reinforce teams in North Kivu.

South Africa

Communities respond well to Tutu Tester

For the past 3 months the Tutu Tester – a brightly painted red, green, blue and yellow mobile clinic for quick testing for hypertension, diabetes and HIV – has been

seen at taxi ranks, church grounds and shopping centres in five township areas in Cape Town. A steady flow of people make use of the opportunity to check their status with regard to these conditions free of charge.

The Tutu Tester vehicle and CD4 machine used for the testing are sponsored by Metropolitan Holdings, its medical scheme administrator Metropolitan Health Group, and Qualsa, its managed care subsidiary, in co-operation with the Desmond Tutu HIV/AIDS Foundation (DTHF).


As many as 45% of those making use of the opportunity were testing for the first time, indicating that the Tutu Tester pilot project is achieving success in promoting awareness about the need for people to make regular testing part of their health maintenance programme.

The results after 3 months show that of the 1 706 people tested, 58% were men. Of those who tested positive for HIV, 59% were men.

According to Dr Nienke van Schaik, who heads up the pilot testing project on behalf of DTHF, the results are not representative of HIV infection levels prevalent in society as a whole, as the majority of people tested were found to be HIV negative. This is probably because people come in to test on the spur of the moment and not because they feel sick or suspect that they might be infected.

She explains that the main purpose is to offer HIV testing outside of the traditional clinical setting to make it accessible to people who are otherwise difficult to reach. In this way the Tutu Tester promotes disease prevention as a self-initiated activity.


When your patients cannot hold back any longer



R_x
Detrunorm[®]
propiverine hydrochloride

[S3] Detrunorm Tablets. Each tablet contains 15 mg propiverine HC.
Reg. No.: 36/5.4/0019

Pharmafrica (Pty) Ltd.
Tel: (011) 493-8970



News bites

'We work with each individual through a risk reduction questionnaire. Depending on their responses, they are given guidelines for an appropriate risk reduction programme of which regular annual testing forms a part.'

Although antiretroviral treatment is not provided by the mobile clinic to those who do test positive, they are referred to their nearest health care provider able to do so.

It's official: we have 1.5 million orphans

The number of orphaned children in South Africa is estimated at 1.5 million, according to Social Development Minister Zola Skweyiya. Although the country had done 'incredibly well' to provide a safety net for the poor, which included giving a child support grant to 8.3 million children, more needed to be done, Skweyiya said in recently. 'However, South Africa is facing a challenge of increasing numbers of orphaned children, abandoned babies, worrying levels of abuse, neglect and exploitation of children. Most of these children need permanent homes.'

He said the department currently provided social support to 20 657 child-headed households, while 11 328 community caregivers had been trained. Children being abandoned and neglected could be partly attributed to high levels of poverty, unemployment and unwanted teenage pregnancies.

Foster care was a useful short-term intervention, while encouraging families to adopt children was a permanent solution. 'According to the SA Social Security Agency's statistics, as of September 2008, a total of 494 992 children were in foster care and were receiving the foster care grant. In addition, there is a backlog of about 157 000 reported cases of foster care waiting to be finalised,' the minister noted. The backlog was due to a shortage of social workers. According to the adoption register, the number of adoptions in SA was 'very low' because of a lack of awareness of adoption services. In the 2007/08 financial year, 1 682 children had been adopted, against 2 055 in 2006/07.

E Cape health in pre-poll drive

The Eastern Cape health department has embarked on a programme to accelerate service delivery in the 6 months before next year's general election, spokesperson Sizwe Kupelo said in October. Operation *Sheshisa* (Xhosa for 'quick-quick') aimed to ensure availability of essential medicines at all the province's health facilities. It would see spending of R4 million over the next month on essential medical equipment. MEC Pemmy Majodina announced an allocation of R30 million to fast-track recruitment of health professionals between now and March. She also launched a flying ambulance service, with three helicopters, based in Port

Elizabeth, East London and Mthatha, and a fixed-wing plane. The 3-year lease for the aircraft would cost R15 million. They would be used to take patients between hospitals, and to ferry doctors to rural clinics.

Clinics battle stigma

Although termination of pregnancy is legal in South Africa, the stigma associated with abortion still heavily afflicts both the women who exercise their right to take up that option and the nurses who provide the service. Natalie Bailey has been a nurse at the Marie Stopes clinic in Cape Town for nearly 2 years. One of the challenging things about working there is that 'everyone thinks that all we do are abortions,' she said. 'They are not aware of the other services we provide, such as HIV testing and counselling, family planning, pap smears, ultrasounds and now male circumcision.' Bailey said they face harsh judgements from both their clients and the public. 'Some people in the community call us murderers and ask us how we do what we do. Clients are also afraid of being seen coming in or walking out of the clinic. When we talk to them before or after their abortion they tell us to just provide them the services they came for so they can leave. They do not want to be seen here or be associated with us.'

CHRIS BATEMAN

Single suture

Foetuses may fight mother's malaria

Placental spread of malaria is common in malaria endemic regions, but some foetuses may have a gene that protects against maternal malaria. Patrick Duffy and colleagues, from the Seattle Biomedical Research Institute in Washington, suggest that this is the first example of a gene that confers resistance to infection *in utero*.

Duffy's team scanned the genes of infected women and their placentas in Muheza, Tanzania, and found that a mutation in the foetus' *sFlit1* gene seemed to spare them from the lethal effects of maternal malaria. Every one of the 75 firstborn babies that carried 2 copies of the mutation was delivered alive. In contrast, 10% of firstborn with another version of *sFlit1* were stillborn. However, the presence of the mutation had no effect on the survival of later-born siblings, possibly because mothers tend to develop resistance to placental malaria after their first child.

New Scientist 2008; 13 September: 17.