

International

Early tackle on Alzheimer's disease?

European researchers say that, based on current estimates of life expectancy, delaying the onset of Alzheimer's disease by an average of five years could reduce the number of patients by half. Instead of beginning treatment after symptoms appear, the latest idea is to detect and respond to the disease in the earliest, previously undetectable stages, before it can irretrievably ravage the brain. The new approach is made possible by recently developed methods to detect and measure Alzheimer's biomarkers, the biological indicators of the disease. New brain-scanning techniques, tests for 'suspect' genes and measures of certain tell-tale proteins in spinal fluid probably won't benefit patients for years, but they're giving researchers a more sophisticated picture of the pathology of the disease.

New thinking on C-section antibiotics

In order to minimise the risk of infection in mothers, women giving birth to babies by caesarean section should routinely receive antibiotics an hour before surgery, according to a new recommendation by the American Congress of Obstetricians and Gynecologists (ACOG). Currently, women who undergo caesareans often receive antibiotics as a precaution against infection to the abdomen and uterus, but usually only after delivery, because of concern for the baby's safety. Some paediatricians worry that antibiotics administered to the mother will reach the newborn and suppress the baby's blood bacterial count, potentially masking a serious infection in the baby unrelated to the caesarean section. The ACOG concluded that there was no evidence of greater risk to babies when mothers received antibiotics before surgery. Yet, there was an increased benefit for mothers in receiving the antibiotics before surgery.

Atheist doctors 'more likely to hasten death'?

Doctors who are atheists or agnostics are twice as likely to take decisions that might shorten the life of somebody who is terminally ill than doctors who are deeply religious – and doctors with strong religious convictions are less likely even to discuss such decisions with the patient, according to Professor Clive Seale, from the Centre for Health Sciences at Barts and the London School of Medicine and Dentistry. Seale's study was based on a survey of doctors in specialties likely to care for people at the end of life, such as neurology, and elderly and palliative care, but also general practice. More than 8 500 doctors were contacted and almost 4 000 responded.

Betting odds on *in vitro* success soar

Stanford University researchers have developed a test to determine whether a patient is likely to conceive a child through *in vitro* fertilisation, a breakthrough that could save women tens of thousands of rands in fruitless procedures, as well as the heartbreak of failed treatment. Doctors in the USA perform nearly 150 000 *in vitro* fertilisation treatments each year, but fewer than 1 in 3 results in a live birth. The treatments cost R72 000 - R144 000, with health insurance only rarely covering the expense. The new test will use data from a woman's first, failed *in vitro* fertilisation treatment to predict her likelihood of success with a second treatment. The test could be available to patients by the end of this year. While the test only works for women who have had at least one round of treatment, it produces results that are 1 000 times more accurate than the age-based guidelines.

Africa

Angola takes baby steps in boosting surveillance

Sorely lacking health care surveillance and disease prevention in Angola has been boosted with 30 members of the Trainers' Committee of the Epidemiological Prevention and Surveillance programme stationed in the Caála District in a move aimed at reducing the child mortality rate in the central Huambo Province. The trainers' committee consists of experts in health and education, administrators, clerics, chieftains, police officers and community agents. The provincial co-ordinator for Health Essential Services of Huambo, Alberto Sousa, said that the members of the health committee will be trained further to develop programmes combating the main endemic diseases that have been affecting that population. The training would include discussing the current sanitation framework of Caála District and appropriate disease preventive methods.

Cholera ravages parts of Nigeria

A cholera epidemic was 'assuming the status of a devastating hurricane' sweeping through the North West, North East and South Eastern parts of the country, with 6 497 recorded cases with 352 deaths, a Federal Government spokesman said. In the statistical update at the end of August on an outbreak of cholera and measles that began in January, the health department said that although most outbreaks occurred in the North West and North East zones, the epidemiological evidence now showed that the entire country was at risk. Eleven states are now affected, with Bauchi recording the highest figures over the same period. The spokesman added that laboratory results of stool and water samples

collected from suspected cases indicated that *Vibrio cholerae* was isolated from Gombe, Adamawa, Bauchi, Borno, Jigawa and Taraba States, while choleraform was isolated from water samples in Rivers State. Médecins Sans Frontières corroborated laboratory results through independent investigation in Demsa, Yola South, Guyuk, and Numan local government areas of Adamawa State. Heavy rains countrywide led to flooding in many communities. The spokesman said less than 40% of populations in affected states had access to toilet facilities of any description. The majority of the population (66% in rural areas) lacked access to safe drinking water, while the wells where drinking water was drawn from by the rural population were uncovered.

South Africa

Strike cripples struggling public sector hospitals

South Africa's private hospitals, emergency services and army medics picked up the public service strike slack in August when the country's public health care system virtually ground to a halt as more than a million workers abandoned their posts. Netcare 911, South Africa's largest private health care network, took care of more than 90 babies rescued from abandoned public hospital neonatal wards in a single week. Dr Richard Friedland, director of Netcare 911, said that many of the rescued babies were premature, weighing as little as 900 g. In some cases, the hospital group was contacted by over-burdened hospitals within a 'reasonable time', but in one hospital they found the babies entirely abandoned with no staff on hand to care for them. The mothers of the premature babies had been discharged before the strike and thought their babies, all of whom needed specialised care, would be cared for.

A further 400 people with critical injuries and conditions were taken in by Netcare hospitals. The army's several thousand medics also stepped in to keep critical health services running in over 50 hospitals across the country, but this still failed to meet the country's needs.

A Johannesburg resident tried desperately to find a hospital for his wife when she went into labour, but found the public hospital in his area closed with no ER staff on hand to help. As his wife gave birth to a premature baby boy, Thomas Lehlohlo called in to a local radio station and appealed for help. Within minutes a paediatrician at a nearby private hospital had contacted him and accepted his wife and son for medical care.

Dr Ashraf Coovadia said that his Johannesburg Hospital HIV/AIDS section

usually saw 60 - 80 HIV and AIDS patients a day, but this dropped to 20 - 30 after the strike began. He said patients 'probably believed' that the hospital had been closed down or feared getting caught in violence that flared between police and health workers on the picket line. Such stories were commonplace as people in critical need of care found the public health system unable to accommodate them. The major union behind the strike, COSATU, accused the government of unfair and elitist governance, referring to South Africa as a 'predator state' in which 'political hyenas increasingly control the state as a vehicle for selfish accumulation'. Government spokesperson, Themba Maseko, said that in the current political climate the government could not afford to meet increased demands for unemployment benefits while simultaneously paying an 8.6% pay rise to public workers.

Council bars bogus locum

A former chairman of the Junior Doctors Association of South Africa who was an active member of the South African Medical Association has been barred from practising medicine in the country. Bandile Hadebe would have qualified as a doctor this year but his medical career came to an end in August when the Health Professions Council of South Africa (HPCSA) found him guilty of unprofessional conduct and barred him from the roll. Hadebe was found guilty of practising as a locum when he was a medical student. In 2007, Hadebe acted as a locum for Sodwana Bay doctor Lindisa Mbuli. Mbuli said Hadebe was referred to him by a friend and that he was under the impression that Hadebe was a qualified doctor working at the Prince Mshiyeni Hospital in Durban. The HPCSA began investigating after a complaint was lodged by a medical supervisor at a hospital near Sodwana Bay.

Mbuli pleaded guilty to failing to ensure that his locum was a qualified doctor. He was suspended from practising for three months. The HPCSA said that although none of

Mbuli's patients had been misdiagnosed by Hadebe, it was a serious offence to practise medicine without being a registered doctor. HPCSA spokesman Lize Nel said: 'The public has the right to request a practising card from any health care practitioner registered with the HPCSA, practising under the ambit of the HPCSA. This valid practising card gives the public the peace of mind that a registered, qualified and experienced practitioner will be attending to them.'

More Gauteng babies born HIV negative

More than 90% of babies born to HIV-positive mothers in Gauteng public health facilities between April and June 2010 were saved from the virus, says the provincial Health and Social Development Department. The department said that 91% of babies whose mothers were on prevention of mother-to-child transmission (PMTCT) were tested six weeks after birth and tested HIV negative.

'With the new ARV guidelines that were implemented in all public health facilities in Gauteng offering antenatal care services since April this year, the province hopes to further reduce the mother-to-child transmission rate,' the department said. According to the new guidelines announced by President Jacob Zuma during last year's World AIDS Day, antiretroviral prophylaxis is given at 14 weeks of pregnancy for those women who have a CD4 count above 350, while those with a CD4 count of 350 and below are eligible for treatment. In an effort to eliminate the transmission of HIV from mother to child, the province has called on all pregnant women to go for antenatal visits as soon as they suspect that they are pregnant so they can do all the necessary tests on time and be put on treatment if necessary.

Nevirapine – increased risk of treatment failure?

One of the cheapest and most commonly used drugs for treating HIV – nevirapine – has been associated with an increased risk

of treatment failure in a retrospective local study. Published in the *Journal of AIDS* (15 August issue), the study looked at adult patients given antiretroviral (ARV) treatment at public sector clinics in the Western Cape between 2001 and 2006. It found that the use of single-dose nevirapine for the prevention of mother-to-child transmission (PMTCT) increased a patient's chances of treatment failing by nine-fold. Taking the drug as part of a first-line treatment regimen doubled a patient's risk of treatment failure and having to be switched to much more expensive second-line ARVs. Nevirapine is often prescribed for HIV-positive women of child-bearing age because the alternative – efavirenz – has been linked to birth defects. The study found that a CD4 count of less than 150 at the time of starting ARV treatment, and interruptions in treatment, were also associated with poorer treatment outcomes.

'This paper again reinforces the fact that we really need to identify HIV-positive people eligible for ARV treatment earlier, and minimise treatment interruptions,' said Dr Francois Venter, president of the Southern African HIV Clinicians Society. South Africa recently raised the threshold at which HIV-positive pregnant women, and those co-infected with tuberculosis, can start ARV treatment, but the majority of patients have to wait until their CD4 count drops to below 200. Venter described the data on the role of nevirapine in treatment failure as 'worrying', and noted that the alternatives were 'either toxic, expensive or potentially dangerous (for pregnant women)'. If further research confirmed the study's findings, he said, 'it puts us in a difficult position'. The study gives strong support to the new guidelines, which increased the CD4 count threshold for the provision of ARV therapy to pregnant women, and provided for two additional ARVs to be given after delivery to reduce the risk of nevirapine resistance.

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