

International

Nurses risk exposure to chemo drugs

Accidental exposure to highly toxic chemotherapy drugs is common among cancer nurses, a new study finds. Researchers surveyed 1 339 oncology nurses in one (United States) state who work in outpatient chemotherapy infusion centres and found that nearly 17% said their skin or eyes had been exposed to the drugs. In the USA about 84% of chemotherapy is delivered in outpatient clinics. Accidental chemotherapy exposure can harm the nervous and reproductive systems and increase the risk of blood cancers, according to the study authors, from the University of Michigan Comprehensive Cancer Center. 'Any unintentional exposure to the skin or eyes could be just as dangerous as a needle stick,' study lead author Christopher Friese, an assistant professor at the University of Michigan School of Nursing, said. 'We have minimised needle stick incidents so that they are rare events that elicit a robust response from administrators. Nurses go immediately for evaluation and prophylactic treatment. But we don't have that with chemotherapy exposure,' Friese said. Nurses at chemotherapy clinics with more staff and resources reported fewer exposures, as did those at practices in which two or more nurses were required to verify orders. 'This research shows that paying attention to the workload, the health of an organisation, and the quality of working conditions pays off. It's not just about job satisfaction – it's likely to lower the risk of these occupational hazards, Friese said. The study was released in the online first edition of the journal *BMJ Quality and Safety*. The US National Institute for Occupational Safety and Health has issued guidelines for chemotherapy drug administration but they are not mandatory. Recommendations include using protective gear such as gowns and gloves when handling chemo drugs.



Smoking hard on women's arteries

Smoking causes more arterial damage in women than in men, a new study finds. Researchers used ultrasound to assess the carotid arteries in 1 893 women and 1 694 men in Finland, Sweden, the Netherlands, France and Italy. The study found that a lifetime of smoking was associated with thickening of the arterial walls (atherosclerosis) in both genders, but the impact in women was more than double that seen in men. The findings were presented last month at the European Society of Cardiology meeting in Paris. The investigators also found that the effect that the number of cigarettes smoked per day had on progression of atherosclerosis was more than five-fold greater in women than in men. These associations between smoking and atherosclerosis were independent of other risk factors, such as cholesterol level, obesity, age, blood pressure and social class, the researchers said. 'The reasons for the stronger effect of tobacco smoke on women's arteries are still unknown, but some hints may come from the complex interplay between smoke, inflammation and atherosclerosis,' lead study author Elena Tremoli, a professor of pharmacology at the University of Milan in Italy, said. Because this study was presented at a medical meeting, the data and conclusions are being viewed as preliminary until published in a peer-reviewed journal.



WMA congratulates Oz on plain cigarette packaging law

The World Medical Association has called on governments around the world to follow the example of Australia in legislating for plain cigarette packaging. Last month the Australian Parliament's House of Representatives passed laws dictating that all cigarette packets must be uniform olive-green with the name of the brand in small type. The country's upper house is expected to pass the legislation which will come into force on 1 January next year. Commenting on the news, Dr Wonchat Subhachaturas, President of the WMA, said: 'Australia is to be congratulated on becoming the first country in the world to introduce such

legislation and I hope this will encourage governments around the world to follow the same path. I believe the Australian Medical Association is absolutely right when it says that this will save lives and reduce health hazards. Governments must do what they can to help smokers give up and this would be an important step in helping people choose a healthier way of life and reduce the effect on second-hand smokers in the neighbourhood and family.'

Africa

Keeping their noggins clean

Effective from early last month, all taxi-moto operators across Rwanda were legally obliged to have their helmets fitted with hygiene-enhanced gear to protect passengers from contracting skin-related diseases.

The gadget, called Smart Cover Head, will be placed inside the helmet and will be disposed after single use. This follows an agreement between the City of Kigali, the Ministry of Health and members of various motorcyclists' associations. The meeting took place earlier this week at the Nyamirambo Regional Stadium, where taxi-moto operators in Kigali City were briefed on how the gear is used. Speaking shortly after the meeting, Anastase Balinda, the Managing Director of East African Cleanliness and Health Company, which will supply the items, said that each head cover will cost Rwf 50. 'The main objective is to protect passengers because several have complained about contracting diseases from sharing helmets,' Balinda said. He said his company has, so far, shipped in four containers of the materials from China saying that each container has 1 400 000 smart covers. The Traffic Police Chief, CSP Celestin Twahirwa, called upon all passengers and motorcyclists

to use the smart cover heads. He also asked the operators to avoid over-speeding and always carry passengers with helmets on. Ruth Rwiririza, a resident of Kimisagara sector, who frequently uses the taxi-motos, said she was happy with the development. 'This is a wonderful initiative because most of the helmets have been unclean and dangerous.' Innocent Kwizera, an operator, said the new gear would help them attract more passengers since some did not use motorcycles because of dirty helmets.

South Africa

Motsoaledi: Promote breast-feeding by restricting formula

There should be a general consensus on creating policies on breast-feeding in South Africa, Minister of Health Aaron Motsoaledi said last month, suggesting that making baby formula available by prescription only could be on the cards. Speaking at a two-day breast-feeding summit in Centurion, Motsoaledi said the increasing child mortality in the country was 'disturbing'. 'We need to reposition, protect and support breast-feeding as a key child survival strategy in South Africa,' he said. The country had a low prevalence of exclusive breast-feeding at 8%, according to the 2003 Demographic and Health Survey. Motsoaledi said this was caused by, among others, the 'aggressive and deadly' promotion of infant formula milk and misconceptions that breast-feeding was a sign of poverty. He said this 'propaganda' destroyed communities and drew a comparison with the skin-lightening creams which were pushed onto black communities. A 'dramatic drop' in exclusive breast-feeding rates was reported in the age group of 4 - 6 months, where only 1.5% of infants were exclusively breast fed. Motsoaledi said this was one of the lowest rates in the world. He quoted a survey by the Human Sciences Research Council (HSRC) which suggested that among infants 0 - 6 months old, 25.7% were reported to be exclusively breast-fed while 51.3% were mix-fed.

Concern over 'synthetic' drugs

A synthetic drug with a similar effect on the body to that of dagga, and which could also be addictive, is being marketed as a 'legal' drug in South Africa, apparently as a result of inadequate legislation. What is more, routine urine screening tests for drugs cannot detect it. In an investigation into the matter, the Afrikaans daily *Beeld* bought a packet of Magic Dragon herbal blend on the website www.legal-highs.co.za and took it to the forensic toxicology laboratory of the University of Pretoria's chemistry department. According to Dr Tim Laurens, a toxicologist and director of the laboratory, an advanced test (gas chromatographic mass spectrometric analysis) showed that the mixture contains JWH-073, a synthetic molecule that can have a similar effect on the body to that of dagga, and an even stronger one. Laurens's laboratory earlier also found

JWH-073 in a packet of Dust bought on the same website. He said he has been receiving inquiries from big companies suspecting that their workers are using 'synthetic dagga'. The companies are at their wits' end because routine urine screening tests to identify drug users in the workplace have not been able to detect the substances. Laurens said that during a research project in Germany earlier this year he heard that authorities from all over the world are battling to control synthetic drugs. Dagga and derivatives of the plant are banned in South Africa by the Medicines and Related Substances Act and the Drugs and Drug Trafficking Act. Laurens says JWH-073 is a chemical compound not covered by the dagga laws, because it is not a derivative of the dagga plant.

Botched op doc speaks up

The Durban doctor who allegedly cut open a woman's bowel during a caesarean operation last month finally responded to the allegation levelled against her. Samantha Fayers told her side of the story to the Health Professions Council of SA (HPCSA) last month, after reportedly ignoring their calls for more than four months, to explain what happened that day. The council said it could not go into details about her response as investigations were continuing. 'We have received the practitioner's explanation from her legal counsel,' said HPCSA spokesperson Lize Nel. 'The HPCSA has requested the complainant, Zama Ngongo, to furnish us with a copy of the signed consent form as well as details of other doctors who treated her. We require this to obtain medical reports and to finalise our investigations into the matter,' she said. Ngongo (30) had a caesarean section operation at Durban's King Edward VIII Hospital in February 2009. A few weeks afterwards she started experiencing excruciating pain. The doctors allegedly told her the pain would go away as it was 'normal' after a caesarean. However, within two weeks things took a turn for the worse - when the doctors (at the same hospital) discovered that the operating team, led by Fayers, had left a swab inside her stomach. She had to undergo another operation to remove the swab, which had caused an infection. After following doctors' orders not to eat solid foods for a week, Ngongo tried to eat a scrambled egg and bread roll when the week lapsed. A few minutes afterwards, her stomach started acting up and when she went to the toilet she discovered that she was passing stool through her birth canal. She went back to the hospital, where she learned that the doctor who performed the caesarean section on her had allegedly accidentally cut her bowel and tried to close it, without success. A colostomy bag then had to be attached, which she is still using.

State doctors pocket with private practices: report

Eastern Cape doctors have been ordered to stop attending to their private practices

while on the government's clock. Doctors were neglecting their core duties at hospitals and clinics while making money on the side, provincial health superintendent general Siva Pillay said. He said that more than 40% of all state specialists were attending to private work in the province. A survey by the department found that two specialists claimed R781 000 and R421 000 respectively from medical aids for work done between January and June. The survey, focused on Mthatha, found that specialists billed medical aids R8 million in that period. 'It is crazy. They are supposed to be on site, working for the department but instead they are treating private patients,' Pillay said. 'What happens during a medical emergency?' The department would not lay charges against offenders but would amend the policy dictating remunerated work outside the public service. 'We are amending it, making it stricter. Priority will be given to the government from now on,' Pillay promised.

HIV rate outpaces prevention - Motlanthe

The rate of new HIV infections continues to outpace prevention efforts, Deputy President Kgalema Motlanthe revealed last month. Replying to questions in the National Council of Provinces, he told members there were now an estimated 5.38 million people with HIV in South Africa. 'This translates into a HIV prevalence of 10.6% for the overall population, and 16.6% for the 15 - 29-year age group,' he said. Among pregnant women tested, HIV prevalence had gradually levelled off to just below 30%. 'In terms of HIV incidence, which is the rate of new infections, estimates suggest an annual incidence of 2.0 - 2.4% in the first half of the [past] decade, starting in 2000; and about 1.2 - 1.7% in the second half. The rate of new infections continues to outpace our prevention efforts, and thus prevention programmes will be



prioritised in the new national strategic plan which is being developed for the term 2012 - 2016.' Responding to a question on whether South Africa was winning the battle against HIV/AIDS, he said a number of programmes had begun to have an impact. 'The programme for prevention of mother-to-child transmission of HIV has yielded remarkable results. Recent health statistics show that transmission rates have declined from 10% to 3.5% over the past three years, with KwaZulu-Natal reporting further improvements down to 2%.' South Africa had the world's largest antiretroviral programme, with over 1.3 million people currently receiving treatment. 'An important issue to note is that the number of deaths due to HIV-related causes is beginning to show a decline due to the intensification of antiretroviral treatment. Research conducted by the HSRC also shows that young people are engaging

in safer sex practices by using condoms, and this has led to a slight decrease in new infections among young people. Over the past 15 months, the country had embarked on the world's largest HIV counselling and testing campaign, which had resulted in more than 14 million people being tested, of which two million people were found to be HIV-positive. Given the fact that South Africa has a huge challenge and burden of disease due to HIV, the impact of current interventions will bear fruit over a period of time due to the nature of the infection. However, it is critical to emphasise that prevention is the key pillar of our response, and all sectors of society must collaborate and unite in efforts to reduce new infections,' Motlanthe added.

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