

## News bites

### International

#### Hotter climes reduce heart attacks – Japanese study

Prescribing warmer weather to patients at risk of cardiac arrest seems to increase their chances of survival, a Japanese study showcased at the European Society of Cardiology (ESC) 2012 Congress in late August this year claims.

An abstract of the population-based study titled ‘Association of temperature and monthly variation in sudden out-of-hospital cardiac arrest’ by Nishimura *et al.* tracked 196 032 out-of-hospital cardiac arrest (OHCA) patients over four years, relating these events to temperature, month, and geographical location. What they found was that the colder the temperature, the higher the risk of OHCA. When taking into account data for age, temperature, month, and sex, the study showed that the highest risk of OHCA was in January (one of the coldest winter months of the year in Japan) in colder climates. Risk began to decrease in more temperate parts of the country. The findings state that 1° decrease in temperature was associated with a 1.31% increase in OHCA risk, and a -0° differential caused risk to jump by 13.9%. What do these results mean with regard to treatment paradigms? Assuming that the results are repeatable outside of Japan, this kind of data could cause physicians to begin to prescribe warmer weather to at-risk patients. Similar to other behavioural-altering recommendations, such as modified diet and increased exercise, doctors may prescribe a 2 - 3-month (January - March) hiatus to at-risk patients to try to control for the increased likelihood of OHCA. However, don't book a 4-bedroom bungalow in the Seychelles or at Miami Beach unless you're able to afford it. It remains pure fantasy that your cash-strapped medical aid will pay anything toward your tickets, however evolved their wellness programme. But risk mitigation of OHCA may be a good excuse to hit the sand and sun in the winter – if you need one.



#### Syria – two months of surgical interventions

From mid-August, Médecins Sans Frontières/Doctors Without Borders (MSF) had admitted more than 300 patients to a converted empty house in conflict-ridden Syria and carried out 150 operations. The MSF volunteers, supported by a group of Syrian doctors, have for the past two months been providing humanitarian assistance. In six days they were able to transform the empty house into an emergency

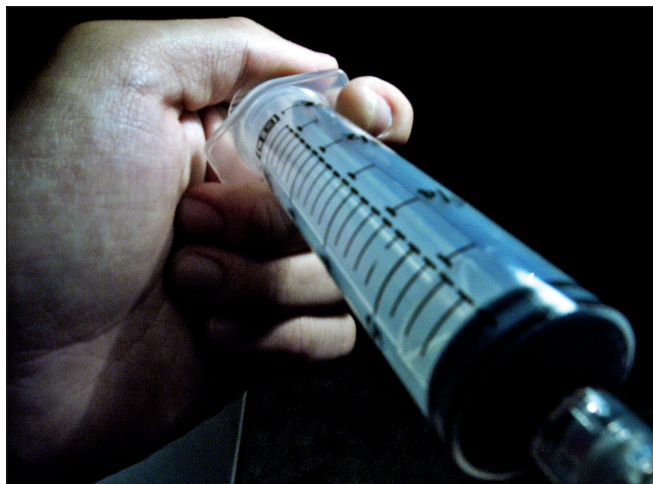


hospital. The injuries they see are largely caused by tank shelling and bombing, although many of the injured have suffered gunshot wounds. The majority of the patients were men, but up to one in ten were women, and approximately one in five were under the age of 20. According to the medical team, two-thirds of the procedures carried out were emergency operations. However, the future of the project is under threat. In addition to MSF working without authorisation from the Syrian authorities, they are constantly bedevilled by the changing nature of the conflict, difficulties accessing supplies and the challenges the injured face in reaching the hospital. Considering the level of violence, the team is only able to provide limited medical support. Brian Moller is a nurse anaesthetist *cum* emergency co-ordinator and has been working with MSF for nine years. During July he managed the MSF surgical hospital in Syria. ‘We’re working in a rebel enclave and thus only have a partial view on the entire situation. It’s a war though – one that doesn’t spare civilians. Some people were targeted by snipers and others are victims of “collateral damage”, as they say. Whereas regular army troops were confronting demonstrators in the past, they are now clashing with armed opposition groups, mostly in urban centres. From what we are seeing, these groups are varied, made up of people with different social backgrounds and grievances. The only thing that they all seem to have in common is their anger towards the Syrian regime’, he said.

### Africa

#### Sierra Leone – cholera emergency declared

The government of Sierra Leone declared a national emergency as a cholera outbreak in the capital, Freetown, and surrounding areas took hold by mid-August. AFP reported a health ministry official as saying: ‘The decision followed a cholera situation report which revealed that a total of 176 people have so far died out of 10 800 reported cases recorded between January 1 to August 14 and signs of the disease spreading to various parts of the country’. Cholera is an infection of the small intestine that spreads during the rainy season and causes acute diarrhoea and vomiting and can kill in hours if not treated, according to the World Health Organization (WHO). Since the rains began coming down hard in Sierra Leone in July, 6 000 cases have been confirmed, according to aid agencies. The decision was reportedly announced after a meeting between government



and officials from the WHO and UNICEF. The government has also established a special task force to deal with the epidemic. The health ministry told AFP that, out of eight of the country's 12 districts which are affected by the outbreak, the western area which includes Freetown has been worst hit with 63 deaths.

### Angola - over 5 000 children vaccinated against measles

Some 5 271 children, aged from six months to 15 years, were vaccinated against measles in the central Kwanza Sul province in mid-August, part of the campaign aimed at diminishing the disease. Speaking in early August, the head of the local public health for pandemic diseases control, Maria Lussinga, said that the campaign was happening without any constraints and parents were co-operating in taking their children to posts stationed for the vaccination of minors. According to her, the campaign was happening because of cases of the disease recorded in the districts of Wako Kungo and Seles, thus encouraging the local health authorities to promote this kind of action so as to prevent the expansion of the disease further afield.

### South Africa

#### TAC threatens to take Gauteng Health to court

The Treatment Action Campaign (TAC) in Gauteng says it will take the health department to court to force them to deliver quality health care to citizens and will 'not allow services to deteriorate any further'. TAC Provincial Secretary, Andrew Mosane, says the province must meet its mandate to deliver quality health care to people. 'We have lack of medicines in our health care facilities and no vigour to finalise appointments and critical posts of health care workers, there is the reduced capacity of the National Health Laboratory Service (NHLS), plus the shortage of essential drugs, nationally. There is no plan from the department on how to curb these shortages,' he adds. He said the activist group would not rest until the health department met its obligations. 'We made them aware that if this is not rectified we will litigate and take [the] legal way. As people living with HIV, we need access to drugs. We have the right to access to health care facilities, including drugs as we are protected by the Constitution. We are not going to stop until they give us that access to drugs - not only ARVs, but essential medicines - including vaccines for children,' he

said. This is despite assurances by the provincial health department that drug shortages have been addressed. However, TAC provincial chairperson, Sibongile Tshabalala, says: 'When we do our assessments, from June to now, it shows that drug unavailability is actually worse than before. People are still given five pills a week and the patient must return next week. What if a person is working and they didn't disclose their status at work? Every week they are collecting medication. This also becomes difficult for those taking taxis because if you don't have money, it means you won't get treatment. Surprisingly, our new MEC said there will be 80% medicine [availability]. I find it impossible ... maybe at the depots ... but it won't reflect that way in the health facilities,' adds Tshabalala.

The Democratic Alliance in Gauteng agrees - drug shortages are 'an ongoing problem that needs urgent attention'. The DA's spokesperson on health, Jack Bloom, says: 'Sometimes it is a national tender problem out of the control of the provincial department, but all too often it has been a total mess at the medical supplies depot. I think competent people must be put in as soon as possible to get the systems right. I still get stories of a basic drug like insulin not [being] available. And we must get ARVs available at all times because it is very dangerous if HIV patients don't get their medicine on time.' Bloom said proper systems were needed to ensure suppliers were paid on time so that there was a consistent supply of medicines and other health essentials. 'There is a long process because there has been a lot of damage over the years just purely in terms of paying suppliers. All companies should be paid within 30 days. The new MEC must re-establish the credibility of the department,' he added.



#### Gauteng health cuts debt by R3.4 billion

In a recent interview Gauteng MEC Hope Papo said his department had 'saved' R3.4 billion that would have been paid for 'unverified services', explaining that there were currently 2 900 invoices worth R196 million waiting to be cleared. 'Currently we are sitting with these queried invoices, which hospital CEOs and managers must clear and ascertain whether or not those services were rendered. That process is ongoing, and we hope to clear them by the end of this month before payments can be made,' he added.

As part of the department's 'turnaround strategy' they had decided on a total withdrawal of the use of manual orders, which made the

bulk of the R3.6 billion claims, in favour of electronic ones. He said (sic) manual orders were 'open to abuse and delayed processing of payments.'

Last month Health Minister Aaron Motsoaledi said Gauteng was among the worst provinces when it came to payment backlogs. Former health MEC Ntombi Mekgwe had proudly announced that her department had 'paid all its creditors on time'. Papo said plans were also being made to address the issue of broken CAT scanners at Charlotte Maxeke Johannesburg Academic Hospital. The six scanners have been broken for months, resulting in cancer patients having to wait for up to five months to be examined. So far five of the six scanners had been fixed. Charlotte Maxeke CEO Barney Salabano confirmed that they had started contacting patients for scanning. The DA's Jack Bloom welcomed any plans to pay long-suffering service providers. 'It's a move in the right direction, but we still need a situation in which companies are paid within 30 days, which is the law. The disputed payments must also be resolved,' Bloom added.

### Seventy-seven thousand abortions in SA in 2011

Across South Africa in 2010 there were nearly 25 000 more abortions than the annual average for legal abortions over the past ten years, with the Free State leading the country.

The year 2010 saw 59 447 abortions country-wide and the following year the Free State led with 21 994 abortions, followed by 12 138 in the North West and 11 239 in Gauteng. Health Minister Aaron Motsoaledi released the statistics in August in response to a parliamentary question. His spokesman, Joe Maila, said the latest figures were a matter of 'great concern'. 'We are very worried. Not only about the high statistics, but also about the fact that so many people are having unprotected sex ... it's clear that people are not using contraceptives like condoms, so they are exposing themselves to serious illnesses like AIDS,' he said. Cheryllyn Dudley, ACDP MP,

said her party was 'very disappointed'. 'It looks like we're moving in a direction where human life is being increasingly disregarded and treated with contempt. People are becoming so cold hearted. It starts with unborn babies and ends with miners being shot,' she said.

### Abon HIV testing kits not approved by WHO

Not only were the 4.5 million HIV testing kits used in South African hospital and clinics from July (called SD Bioline) blacklisted by the World Health Organization (WHO) - it now emerges the second part of the tender also does not have the approval of the WHO. The supplementary 18.5 million Chinese-made HIV testing kits called 'Abon' were distributed in spite of still being tested by the WHO. They do not carry the WHO's blessing. 'This product is not eligible for procurement nor is it qualified,' a WHO spokesperson said. Testing on Abon would only be completed next year, he added.



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## SINGLE SUTURE

### *The 'death carrot' looms for cancer*

The 'death carrot' might appear to be a simple Mediterranean weed, but it has inspired what could be a potent cancer drug.

*Thapsia garganica* is highly toxic to sheep, hence its name, and now it seems cancer cells dislike it too. Samuel Denmeade at Johns Hopkins University in Baltimore, Maryland, and colleagues have spent 15 years engineering an analogue of thapsigargin, the plant's active ingredient, which works by shutting down essential calcium pumps inside cells.

However, the engineered thapsigargin cannot enter cells until it encounters an enzyme found on the surface of many prostate cancer cells. This means it is toxic only to these cancer cells and to other cells that aid prostate tumour growth. The drug is now in phase 1 clinical trials for prostate cancer.

New Scientist 7 July 2012.