

News bites

South Africa

Air pollution may lower IQ

Kids who live in neighbourhoods with heavy traffic pollution have lower IQs and score worse on other tests of intelligence and memory than children who breathe cleaner air, a new study shows. This raises fresh concern about the smog that often hovers over South African townships.

The effect of pollution on intelligence was similar to that seen in children whose mothers smoked 10 cigarettes a day while pregnant, or in kids who have been exposed to lead, Dr Shakira Franco Suglia of the Harvard School of Public Health in Boston, the study's lead author, told Reuters Health.

While the effect of pollution on cardiovascular and respiratory health has been studied extensively, less is known about how breathing dirty air might affect the brain, Suglia and her team write in the *American Journal of Epidemiology*.

50% of health staff want to quit SA

Almost half of the health professionals questioned in a recent study said they were likely to leave South Africa within the next 5 years, and one-quarter wanted to leave within 2 years. 'Emigration is set to continue and even accelerate,' concludes the report by the Southern African Migration Project, of which the Institute for Democracy in South Africa is a member. 'There can be few professions where practitioners are as unhappy with their Government department. The level of dissatisfaction is such that it may seem difficult for the Government to know where to begin. Certainly, it could begin with itself,' reads the report.

The migration project is an international network of organisations researching migration in southern Africa. The researchers surveyed doctors, who made up 44% of the sample, as well as nurses, dieticians, psychologists, pharmacists and dentists.

About 29 000 people on a medical database were invited to respond by e-mail, so the survey was biased towards those with internet access. Information on 1 702 professionals was collected. About 70% of the respondents were white, the migration project found. However, the 'extreme' levels of dissatisfaction cut across race and gender. Australia and New Zealand

topped the list respondents gave where their lives would be better, with 77% of them giving it first place, followed by North America (also 77%), Europe (72%) and the Middle East, which found favour particularly among dentists and nurses. Most respondents across all race categories said they would go to Australia or New Zealand as a first option, followed by Britain, Europe and the USA and Canada. Almost one in three black respondents felt they would do better in other southern African countries than here.

Health Professions Council to hike fees

The Health Professions Council of SA, which registers practitioners, said it was putting up its annual fees because of increased administrative costs. 'The figures we reached are not grotesque and council will continue looking at better models of financing its business so as to alleviate the burden on practitioners,' said registrar Boyce Mkhize.

MDR-TB at highest rate worldwide – latest survey

Multidrug-resistant tuberculosis (MDR-TB) is at the highest rate ever seen in the world, according to the largest survey on drug-resistant TB undertaken to date. Data from South Africa showed that 996, or almost 6%, of 17 615 MDR-TB specimens collected between 2004 and October 2007 were extensively drug resistant (XDR) TB. In KwaZulu-Natal, 656 (14%) of 4 701 MDR cases recorded in this period were XDR-TB. The World Health Organization (WHO) report *Anti-Tuberculosis Drug Resistance in the World*, is based on a survey of 90 000 patients in 81 countries, conducted between 2002 and 2006.

Unlike Latvia and the Ukraine, the report said, SA reported a moderate proportion of XDR-TB among MDR-TB cases. The report also found a link between HIV infection and MDR-TB. In SA, the underlying burden of MDR-TB is high and 44% of TB patients are estimated to be co-infected with HIV. The WHO estimates that there are nearly half a million new cases of MDR-TB – about 5% of the 9 million new TB cases worldwide each year, with more than 110 000 deaths. The highest rates were recorded in Baku, the capital of Azerbaijan, where nearly a quarter of all new TB cases were MDR.

Committee ticks off health minister

In an unprecedented move, Parliament's usually compliant health committee in late February reprimanded Health Minister Manto Tshabalala-Msimang for failing to provide MPs with a coherent picture of progress in implementing dual therapy for preventing mother-to-child transmission of HIV.

The committee instructed the minister to return when better prepared. 'I'm not satisfied with this presentation. Let's get another better, clear, succinct submission that we can understand,' said African National Congress (ANC) committee chairman James Ngculu, prompting an apology from the minister. 'I take very seriously the instruction you have given,' said Tshabalala-Msimang.

MPs were provided with copies of the government's new 83-page policy guidelines on the therapy as she began speaking. Ngculu expressed frustration at the quality of the information and the tardiness of the documentation members had received. He said it was impossible for the committee to deal with the issue at hand. 'I would have thought there would be a document that specifically addresses (the issue),' he said.

Pfaffing around – HIV/AIDS treatment denial continues

Colin Pfaff, the Manguzi hospital doctor against whom disciplinary action for dispensing dual therapy was finally withdrawn, has unwittingly gained international attention. The *International Herald Tribune* carried prominently an Associated Press report describing Manguzi as 'a dirt-poor area devastated by AIDS near the Mozambican border'. It said Pfaff decided to circumvent government bureaucracy to save lives last year – before the new national guidelines. 'He secured donations of dual therapy from a British non-governmental group and started giving it to women at the clinic. A KwaZulu-Natal Health Department spokesman Desmond Motha was quoted explaining the charge, served 5 days after the new dual therapy guidelines were published: Pfaff had 'violated policy', stipulating that health authorities have to approve donations to ensure that they are from a reliable and viable source that can guarantee stable supplies and not suddenly stop if funding runs out. 'He works in a

small hospital and he has no right to receive donations on behalf of the South African government and provincial government,' Motha said. 'He didn't discuss it with us.' The debacle elicited howls of protest from colleagues and the Southern African HIV Clinicians Society, harking back to several similar HIV/AIDS 'denialist' incidents where State doctors have been victimised for putting patient loyalty first.

Health services given boost to combat AIDS

The Government boosted its expenditure for health services to R75.5 billion, a part of which will bring better treatment for people living with AIDS. Health was one of the essential services that was bolstered by increased government funding with R2.1 billion dedicated to increasing the number of people on antiretroviral drugs (ARVs). The increase would double the people on ARVs to 900 000.

The Treasury also put up an additional R2 billion to upgrade existing hospitals and build new ones over the next 3 years. In the section 'Better Health for All', Finance Minister Trevor Manuel said that improved remuneration and training contributed to an increase of 39 600 personnel in public health. A further 25 000 posts will be filled by 2010. The hospital revitalisation programme is targeted for additional allocations, conditional grants for HIV and AIDS will increase and tertiary health services are prioritised. Manuel added that he was considering a tip he received from a traditional healer to allocate funds to traditional healers.

Vaginal gel fails to stop HIV infection

It's safe, but it won't prevent HIV infection. That's the verdict on the Carraguard microbicide 3 years after the clinical trial started. 'Carraguard was shown to be safe. However, it was not shown to be effective against HIV,' said principal investigator Dr Khatija Ahmed. Carraguard, which has carrageenan from seaweed as the active ingredient, is a microbicide designed as a vaginal gel to be used by women during sex to prevent HIV infection from a partner. It was tested at three sites in South Africa (Soshanguve, Western Cape and KwaZulu-Natal) on 6 202 women volunteers. The trials involved the University of Limpopo, the University of Cape Town and the Medical Research Council of SA. The volunteers were divided into two groups, one given Carraguard and the other a placebo. Both groups were given extensive HIV/AIDS education and urged to use condoms during sex because the efficacy

of Carraguard was not known. A total of 285 women became infected with HIV during the trial.

Africa

African states to discuss plans to stop poaching of health skills

South Africa has been asked to lead the charge to retain scarce health skills in the developing world at a meeting in Uganda on 1 March. Over 1 000 health authorities from around the world gathered in Kampala as part of a global forum to devise a strategy on how to retain scarce skills, the shortage of which is crippling hospitals. In a recent meeting in Durban, Health Minister Manto Tshabalala-Msimang said: 'Unfortunately it is the poorer countries with weak currencies and infrastructure that tend to lose their well trained scarce human resources to the wealthier countries who can pay higher salaries.' She urged sub-Saharan countries to speak with one voice to encourage those countries who were poaching staff to engage in ethical recruitment or consider compensation for the countries from which they were taking health workers.

International

Cell phones up mouth cancer risk

An Israeli study reports that people who use cell phones for many hours a day are 50% more likely to develop mouth cancer than those who never use cell phones.

They also found that cell phone users in rural areas may be at increased risk for cancer because cell phones need to emit higher levels of radiation in order to make contact with fewer available antennas. The Tel Aviv University study looked at 500 people with benign and malignant tumours of the salivary gland and 1 300 healthy people.

People who used cell phones for many hours a day were 50% more likely to develop a tumour of the parotid gland than infrequent users, they reported. The findings appear in the *American Journal of Epidemiology*.

Personal medicine for the rich

Medicine that is tailor-made to suit individuals' specific genetic make-up is at the cutting edge of medical research in Europe and the USA. It offers hope to people with genetic variations that make them suffer horrible side-effects from the one-size-fits-all medicines sold at corner pharmacies. But it comes with a huge price tag – and in South Africa, where most

people can't even get the basic medicines, it seems like a sci-fi dream. Despite the apparent impossibility of what is called 'personalised medicine', medical experts warn that scientists from developing countries need to start genetic profiling to see how the genes of their citizens affect the diseases they experience. If they don't, the gulf between the rich and poor might widen even further.

Says Dr Jens Brummer, head of laboratory medicine at the University of Hamburg, 'Genetic testing offers the possibility of earlier diagnosis of diseases, better treatment selection based on the right drugs and thus a better prognosis. Personalised medicine replaces the one-size-fits-all medicine with the right treatment for the right person at the right time.'

WHO confirms urban yellow fever threat in Paraguay

The World Health Organization in late February confirmed the first cases of yellow fever in an urban area of Latin America in six decades. Dr William Perea, yellow fever chief for the UN health agency, said the mosquito-borne disease can spread particularly fast in suburbs and cities and warned that vaccinations are needed to stem the outbreak.

In crowded urban areas, yellow fever can 'spread like a fire in the forest', Perea said, adding that mosquitoes thrive in built-up areas with poor hygiene and sanitation. WHO officials said there have been nine confirmed cases in the suburbs of Paraguay's capital, Asuncion. The agency said three people had died, though Paraguayan authorities put the death toll at eight.

Perea said in a telephone news conference that many people in Latin America's cities have not been exposed to the virus, and therefore have no immunity. In the jungle, where most yellow fever outbreaks occur, people have better defences against the virus. WHO experts said a mass vaccination campaign was under way in Paraguay and they were closely monitoring vaccine supplies. Dr Marlo Libel, of WHO's regional office for the Americas, said the situation was 'under control'.

'The yellow fever outbreak is Paraguay's first since 1974. The last yellow fever cases in any Latin American city were in the 1940s in Brazil,' Libel said. An estimated 30 000 people worldwide die annually from the disease, WHO says. Symptoms can include fevers, vomiting, jaundice and bleeding from the mouth, nose, eyes and stomach.

CHRIS BATEMAN