

EDITOR'S COMMENT

From infection to disease



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CME is published monthly by South African Medical Association Health and Medical Publishing

Private Bag X1, Pinelands, 7430

(Incorporated Association not for gain.

Reg. No. 05/00136/08).

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This month's edition of *CME* tackles the issue of infections. There was a time when infectious diseases killed. My mother nearly died of mastoiditis in adolescence. Sulpha drugs were still in their infancy and the approach to treatment pretty crude when you consider all the techniques now available to test for antibiotic susceptibility and resistance. However, even with the advent of antibiotics, there is no room for complacency.

The correct and rational use of antibiotics is discussed in several of the articles, ably tackled by the team of authors put together by Doug Wilson and Karen Cohen. Their obvious expertise in this field is much appreciated and should make it easier to take a scientific approach to prescribing. The all-important question of increasing resistance of particular pathogens to specific antibiotics is a recurring theme. The article on patterns of antimicrobial susceptibility among bacterial pathogens is particularly useful, as it explains the way in which this is monitored in South Africa. The question of whether or not to use antibiotics at all is tackled in both the articles on upper respiratory tract infections and on ear infections. This increasingly difficult problem needs to be kept top of mind, particularly when patients seem to expect to leave the surgery with some sort of medication. There is definitely room for an extensive education campaign on the uses and abuses of antibiotics before resistance patterns limit efficacy to an extent where morbidity and mortality from previously treatable infections increase.

Two infectious diseases that cause enormous suffering in southern Africa, HIV and malaria, receive attention respectively from Catherine Orrell and Karen Barnes. Orrell once again discusses adherence to antiretrovirals, a topic so beloved of First World 'experts' and our own Minister of Health, when discussing the expansion of access to antiretrovirals in the developing world. The message is that it is possible to obtain levels of adherence comparable with those found in the best programmes in the West, but it takes time, effort and discipline from those on the programmes and those administering them.

Karen Barnes outlines the uses of artemisinin-containing regimens and their role in preventing the spread of antimalarial resistance. This is the message currently being relayed to the World Health Organisation who has been accused of using sub-standard regimens in their fight against malaria across the developing world. Given the incredible morbidity and mortality associated with malaria, the sooner these regimens are the standard of care the better.

Elsewhere in the journal I look at polio, where efforts to eradicate the disease still run into problems in spite of the proven efficacy of the vaccine and widespread vaccination campaigns across the world. The numerous problems that confront those running the Global Polio Eradication Initiative could potentially scupper the chances of making polio the success story that smallpox became. Rumours of contaminated vaccines, generated through ignorance and fear, have led to a reduction in uptake of vaccine in Nigeria, leading to outbreaks of the disease, which have spread to 7 countries that had previously been declared free of polio. Problems with vaccine funding in general are starting to become a reality as First World and Third World vaccination programmes diverge, weakening the cross-subsidisation from rich to poor which used to maintain vaccine pro-

grammes in resource-poor countries. All these problems need urgent attention. I hope it doesn't take a resurgence in polio in the West to make people sit up and take notice.

April is Health Awareness Month. How to tackle this enormous subject? Rather than concentrating on all the usual discussions around diet, exercise, low-fat diets etc., I have chosen to look at the WHO World Health Report for 2003, the main theme of which is the enormous discrepancy between the haves and have-nots of the world. In this era of increasing understanding and massive technological advances that mean that people in the West are living

longer and healthier lives than ever, the majority in the developing world have very different expectations. Most people have a short life, filled with hardship, pain and suffering. I make no apology for my constant focus on the problems of the developing world in general, and our own suffering continent in particular. When I had the privilege of interviewing Archbishop Desmond Tutu a couple of years ago he expressed his feeling that we live in a 'moral universe' where the problems of the poor are ignored by the rich at their peril. I can only agree with him.

SINGLE SUTURE

MIGRATION, HUMAN RIGHTS AND HEALTH

17 December 2003 was International Migrants Day. This fact passed me by, and I doubt that I am alone in this. With the rise in xenophobia in our own country it is salutary to look at some statistics and facts. About 175 million people live outside their countries of origin and this number includes only documented migrants. Rich countries are usually only interested in migrants as sources of labour, allowing short-term contracts for 3D jobs — dirty, dangerous and degrading. Migrants will accept jobs below their level of training. The number of trafficked people is estimated as between 700 000 and 4 million each year. Migrants are frequently given only single person visas, forcing them to leave their families behind. They experience limited access to health facilities and resources, in fact public health processes can be used to control migration, for example through mandatory HIV or TB testing. A report by WHO underlines the fact that the combination of poor attitudes to migrants, discrimination, stigmatisation and limited access to facilities can have serious implications for migrants' health.

Something to think about next time you hand the car guard a R2 coin.

Wolffers I, *et al.* *Lancet* 2003; **362**: 2019-2020.