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LETTER

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Use of disposable face masks for public health protection against SARS

The paper by Syed *et al.*¹ provides observations on the use of face masks by members of the public for protection against the severe acute respiratory syndrome (SARS) coronavirus (CoV). The authors raise an important question as to whether masks are effective in preventing disease. The type of masks used can generally be categorised as either surgical or paper and are suggested to offer similar protection. For healthcare workers, it has been shown² that masks do not provide adequate protection against SARS CoV. However, protection for healthcare workers is somewhat different than that for those of the general public, especially those not directly exposed to droplet transmission on a "continuous" basis from an infected person. The finding of a possible dose-response³ for exposure and infection to SARS CoV lessens the chance of infection through droplet transmission by the general public, especially when some personal protection is afforded. When masks are used along with other hygiene practices, risk of infection, excluding close contact with an infected person, like a family member, can be minimised.

Masks have been shown to provide an increased protection rate of 2.4 for mycobacterium tuberculosis in comparison with no mask.⁴ As SARS CoV has been suggested to be spread by aerosol droplet and not to any significant degree by airborne transmission,⁵ masks will probably provide some increased protection to the general public. However, as noted by Syed, it is necessary that they be properly used and changed frequently. As this virus can survive for 72 hours or more on surfaces, it is transmitted through fomite contact and infection can occur by mucus membranes (for example, conjunctiva)⁵; thus, other personal hygiene practices (for example, hand washing) are of equal or greater importance.⁴

For public health protection, use of masks can have some impact on preventing the spread of SARS CoV. However, this should be only one health practice that is encouraged by the public as others (for example, hand washing) are also of great importance.

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- 2 Lange JH. SARS and respiratory protection. *Hong Kong Medical Journal* 2004;10:71-2.
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- 4 Barnhart S, Sheppard L, Beaudet N, *et al.* Tuberculosis in health care settings and the estimated benefits of engineering controls and respiratory protection. *J Occup Environ Med* 1997;39:849-53.
- 5 Centers for Disease Control and Prevention. Public health guidance for community-level preparedness and response to severe acute respiratory syndrome (SARS). Draft, October, 2003. <http://www.cdc.gov/ncidod/sars/sarsprepplan.htm>.

BOOK REVIEWS

ActivEpi CD ROM and ActivEpi companion textbook

D G Kleinbaum. (\$69.95). *Data Description*, and Springer-Verlag, New York, 2002. ISBN 0-387-14257-6 (ActivEpi CD ROM); D G Kleinbaum. K M Sullivan, ND Barker. (Pp 518; \$36.95). Springer-Verlag, New York, 2002. ISBN 0-387-95574-7 (ActivEpi companion textbook).

ActivEpi is a multimedia interactive course on fundamentals of epidemiology in CD ROM, which is cross platformed in both Windows and Mac formats. The companion textbook is a supplement of the CD ROM.

ActivEpi is presented in 15 lessons. The first is the introduction to the getting started for learning effectively. Lessons 2 to 6 reviewed Objects and Methods of Epidemiology Research (epidemiology study designs, and measures of frequency, effect and potential impact), 7 to 11 are about Validity and Epidemiology Research (general considerations, bias, and Confounding), and the lessons 12 to 15 are devoted to the Epidemiological Analysis (simple, stratified, and matched analysis).

The principal benefit of the multimedia format is the active learning with lots of activities for better understanding and retention. Each lesson has animated expositions with real life examples, narrated instructional expositions, interactive study questions and short quizzes, homework exercises, practices with real data using Data Desk, and links to ActivEpi's web site and other interesting related sites. The material easier to learn, it can be used in pieces rather than as whole lessons.

I enjoyed especially the lesson 10 about Confounding that, in my own taught

experience, is traditionally one of the most difficult concepts for the student.

The author explains that in general, all of the material on the ActivEpi CD ROM is included in the companion textbook. The differences are mainly related to the interactive format of the CD ROM in the presentation of the answers of quizzes and the study questions, and some interactive activities, such as the exercises using the Data Desk Program.

I recommend widely ActivEpi for students and professionals who are beginning to learn epidemiology, and to those that have a more advanced level of knowledge.

My only suggestion to ActivEpi CD-ROM is about the small font size of the tool bars: Contents, Index, and Glossary, which cannot be changed like the one of the lessons by main tool bar.

M de los Ángeles Rodríguez G

Violence against women: the health sector responds

Edited by M Velzeboer, M Ellsberg, C Clavel Arcas, *et al.* Washington, DC: PAHO, 2003, US \$22.00, pp 131. ISBN 92-751229-2

This book is based on the formulation, development, and implementation of the PAHO's integrated strategy to cope with gender based violence (GBV). The convention on the elimination of all forms of discrimination against women (CEDAW,¹ 1979) and the inter-American convention on the prevention, punishment and eradication of violence² were the principal promoters of a political framework for action against GBV in all states. However, as the authors say, the health sector had traditionally ignored these calls. For this reason, the PAHO with the program for appropriate technology in health (PATH) and the US Centers for Disease Control and Prevention (CDC) have published this book to show the results of the assessments developed since 1993 to promote changes not only in service providers' attitudes, but also battered women's expectations and policy makers perspectives about the role of the health sector in this issue.

The book is structured in two sections. The first one, by the PAHO, gives an overview of why GBV is a public health problem (chapter one) and the two main projects implemented to develop an integrated strategy for tackling GBV. The first project—"Critical Path" studies³—was designed to analyse the problem through the perspective of health professionals and women affected by GBV (chapter 2). The second project aimed mainly to put in place policies, capacities, systems, and networks to better prevent, detect, and care for women involved in GBV. So, it selected gender equity, partnerships, and active participation as cross cutting values and; communities, professional sectors, and national coalitions as the main levels and detection, attention and prevention as the main actions of the programme (chapter three).

In the second section, PATH presents the lessons learned by the assessments of the PAHO's strategy. Firstly, there was evidence that although the policy reforms have

increased during the past decade in many countries of Latin America, the changes implemented were not always clear and often conflicted with issues of privacy, socialisation practices, and long ingrained cultural patterns (chapter four). For these problematic issues, the necessity of integrating health services in GBV politics was emphasised. It was also learnt that training health providers, coordinating health departments, having officially approved norms and protocols, and organising information and surveillance systems were essential to guarantee the quality of the health services assistance to battered women (chapter five). Screening programmes and the improvement of motivation and training of health staff in these exercises were identified as important actions to make effective the programmes implemented at health services level (chapter six). Finally, the coordination with local leaders, government institutions and NGOs based on the communities were required to ensure the efficiency of bringing health sector into actions for tackling GBV (chapter seven).

The applicability of the PAHO approach in several settings of Latin America to other places is discussed in the last chapter (chapter eight). In this sense, I agree with the author about the enrichment of the "Critical Path" studies and the lessons learned presented in this book. The "Critical Path" studies are an example of good practice in research because it involved women and institutions from the start. Their results make visible the problems that battered women have to cope with health, justice, educative, and community sectors to escape from their intimate partner. It also provides important empirical information about the active role of women involved in GBV. The integrated strategy developed by PAHO is also a good practice in action for tackling GBV because it integrates gender perspective and the public health functions of capacity and advocacy.

This book is an important information resource for public health professionals involved in tackling GBV, because it offers a summary of the main strategies developed by PAHO in Latin America. The strength of this information resource is the human perspective of GBV that makes visible women and professional voices. It has to be considered as the platform to look for the original publications in which "*Violence against women: the health sector responds*" is based on. It is also interesting for other professionals because it breaks with the health sector's absence in actions for tackling GBV.

C Vives

References

- 1 **United Nations.** UN convention on the elimination of all forms of discrimination against women. <http://www.un.org/womenwatch/daw/cedaw/>.

- 2 **Inter-American convention of the prevention, punishment and eradication of violence.** <http://www.iidh.ed.cr/comunidades/ombudsnet/docs/ratificaciones/b.3.4.doc>.
- 3 **Pan American Health Organization.** <http://www.paho.org/genderandhealth>.

Health and illness in the community: an Oxford core text

R J Taylor, B H Smith. (Pp 207; £16.95). Oxford University Press, 2003. ISBN 0-19-263168-3

This book serves as a concise summary textbook for introducing medical students to basic concepts in public health and social science perspectives on health. The book is divided into three sections encompassing society, health, and illness; social, economic, environmental, mental, and lifespan influences on health; and illness and health care in the community. Chapter topics include: an introduction to basic epidemiological measures; definitions of health and illness; social influences on health; health promotion; the organisation of medical care; disability; chronic illness; and death and dying. While most examples presented are based on the practice and organisation of medicine in the United Kingdom, the topics covered are applicable to other industrialised societies and several cross national comparisons are included.

The purpose of the book is to provide a short digest of community health topics relevant to undergraduate medical education. Medical students, therefore, are the primary audience that can benefit from this text. The book's themes emphasise the importance of viewing health in a wider framework than that of medicine or health care and recognising the relevance of a person's background and social context in treating patients. The material is too elementary and distilled to serve as a text for graduate public health students and may be more useful in an undergraduate health sciences curriculum as it written in an engaging style with concrete examples and helpful study tools, although the focal point of the book is medical practice.

While the text is not a comprehensive digest of the current state of knowledge regarding the relation of social and environmental factors to health, and important topics are omitted, for example, sexuality, the book succeeds in communicating its central premise that awareness of the psychological and social forces that shape human behaviour and health is an essential element of good medical practice.

C Merzel

A life course approach to women's health

D Kuh, R Hardy. (Pp 419; £37.50). Oxford University Press, 2002. ISBN 0-19-263289-2

I am grateful to have had the opportunity to review this book. By combining "life course epidemiology," which the authors define as "the study of biological and social factors acting independently, interactively and cumulatively during gestation, childhood, adolescence, and adult life on health outcomes in later life" with the study of women's health, they have given us a major contribution. Many of the chapters were first presented at a September 2001 conference in Oxford, England, but the book is much richer, more complete, and more comprehensive than usual for this format.

The first chapter describes in detail the life course approach and asks "whether the emerging life course models of health provide explanations for long-term disease trends, and whether they are relevant for understanding the future health of women now reaching middle-age in developed and less developed countries." Subsequent chapters richly expand on the life course approach as applied to particular healthcare problems of women including reproductive health, breast cancer, menopause, stroke, diabetes, musculoskeletal disorders, and depression. Chapters on overweight and obesity, sexually transmitted infections, and a notable chapter on issues relevant to women in the developing world deserve careful reading. The various links of biological and social pathways from childhood to adult life are considered in detail.

The authors recognise the challenge and emphasise the need to investigate whether childhood risk factors operate mainly through their effects on conventional adult risk factors, whether they add to independent risk, or whether they interact with later life factors to affect adult disease. As they rightly state, "identification of the pathways across the life course may have important policy implications." This book would be very useful to those who want to understand "life course" methodology and to integrate it into their own clinical or research practice. The book does a particularly good job of describing the current state of knowledge (beginning with the "Barker hypothesis") and the multiple interdisciplinary and transdisciplinary applications of the methodology. It also provides up to date references and concrete recommendations on future lines of clinical, scholarly, and public policy research.

T R B Johnson