



Hygieia

DIFFERING ASTHMA PREVALENCE IN CHINA

Diet and environmental factors may explain discrepancies in asthma prevalence between children living in different regions of China. In a study of over 10 000 children from the cities of Hong Kong, Beijing, and Guangzhou, those from Hong Kong had a significantly higher prevalence of wheeze than those on the mainland. As the children all share the same genetic background, diet and environmental factors were examined and it was found that risk factors for wheeze included cooking with gas, foam pillows, and damp housing, while cotton quilts and consumption of fruit and raw vegetables were protective factors against wheeze. (*BMJ* 2004;**329**:486–8)

MENINGOCOCCAL DISEASE AND DEPRIVATION

An association between area deprivation and meningococcal disease (MD) incidence and mortality has been discovered in England. After analysis of the population of children aged under 5 years old with MD as quintiles of area deprivation scores over two time periods (1991–1994 and 1995–1999) it was found that incidence rates increased from 27.4 to 45.4 per 1000 people but mortality remained stable. Incidence rates in the most deprived quintile were roughly twice that of the most affluent area, but mortality did not show a linear pattern. The authors advise that further research is necessary to establish the determinants of case fatality. (*Arch Dis Child* 2004;**89**:1064–8)

HEART FAILURE IN SCOTLAND

Heart failure is a common condition in Scotland, particularly in people over 85 years old. Researchers from Glasgow used data from the Scottish continuous morbidity recording in general practice scheme to examine the epidemiology, primary care burden, and treatment of the condition in the country. The general prevalence was

found to be 7.1 in 1000 people, increasing with age to 90.1 in 1000 for patients aged over 85 years. Drugs were used in treatment of heart failure less frequently for elderly patients and women, and the most common comorbidity leading to consultation was respiratory tract infection. (*Heart* 2004;**90**:1129–36)

DIVERSE SYSTEMS COMPLICATE COMPARISON

The heterogeneity of current surveillance systems for sexually transmitted infections (STI) makes it extremely difficult to directly compare STI incidence across Europe. Researchers from the UK compared the nature, content, and performance characteristics of existing national STI surveillance systems and found that considerable variations exist in almost every facet, from coverage of case reporting to which laboratory tests are used. They argue that case definitions should be standardised and coverage of mandatory reporting systems should be increased if knowledge of cross-European determinants and distribution of STIs are to be improved. (*Sex Transm Infect* 2004;**80**:266–71)

CHLAMYDIA IN MID-WEST IRELAND

The prevalence of *Chlamydia trachomatis* in men aged 17–35 in the mid-west of Ireland stands at 5.9%, an amount that is cost effective both to screen and to treat. Researchers recruited just under 400 men from a combination of an orthopaedic clinic and a university sports clinic, who gave a urine sample and completed a questionnaire on behavioural factors. Proved risk factors were found to be more than one sexual partner in the past six months, more than eight lifetime sexual partners, and current symptoms such as dysuria or discharge. As only 25% of infected men were diagnosed outside the genitourinary medicine clinic, the authors assert that community screening is promoted to better identify other infected people. (*Sex Transm Infect* 2004;**80**:349–53)

FOCUS GROUPS SHOW ETHNIC DIFFERENCES

Ethnic differences exist in young people's awareness and terminology of sexually

transmitted infections, but normative beliefs are more influenced by gender. Researchers from Bristol, UK, held eight discussions with 22 male and 20 female 16–25 year olds who were split into focus groups by ethnicity (either black Caribbean, black African, or white). Most participants believed that they could determine the sexual health of prospective partners by sight alone and people from black ethnic groups were more aware of gonorrhoea than white participants. All ethnic groups regarded both unplanned pregnancy and HIV/AIDS as more important however, leading the authors to suggest that the low priority given by people to bacterial sexually transmitted infections must be changed if interventions are to be effective. (*Sex Transm Infect* 2004;**80**:300–5)

AGE RELATED CATARACT IN INDIA

Despite being the major cause of blindness in the country, there are few reports on the risk factors for age related cataract in India. Researchers therefore decided to study over 5000 people aged 40 and over from three districts in the south of the country in an attempt to identify why such a high prevalence exists. The results showed that the risk factors seemed to be the same as in other populations; namely increasing age and illiteracy, moderate smoking, and lean body mass to name but a few. The authors recommend further research to understand better the role of each risk factor for cataractogenesis in this population. (*Br J Ophthalmol* 2004;**88**:989–94)

HSV-1 GAINING IN AUSTRALIA

Genital herpes simplex virus type 2 (HSV-2) is still the most common cause of genital infection in Melbourne, Australia, but type 1 (HSV-1) is catching up fast. In a retrospective study of over 25 000 patients, the prevalence of HSV-1 rose from 15.8% in 1980 to 34.9% in 2003 when, significantly, 77% of patients aged under 20 years were infected with type 1. The only group where an increase in HSV-1 infection was not detected was for women aged over 40, and no specific genital site in either sex was associated with the general increase. (*Sex Transm Infect* 2004;**80**:277–9)

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