



# Hygieia

## COUNTING THE UNCOUNTABLE: ESTIMATING THE NUMBERS OF STREET CHILDREN

The development of a reproducible method to estimate numbers of street children is both timely and welcome given the traditional difficulties of doing so—funding agencies tend to underestimate numbers to protect limited resources, while aid organisations overestimate in a bid to secure financial support. Researchers used the capture-recapture method of constructing and comparing independent lists of street children in the Brazilian city of Aracaju (population 461 534), and returned an estimate of 1456, roughly halfway between the previously conflicting estimations of 200 to 3000. The authors note that no other gold standard exists to predict numbers, and the fact that this method is both reproducible and free from external manipulation makes it particularly appealing. (*Arch Dis Child* 2004;**89**: 222–4)

## CLUSTERS LIKELY IN MENINGOCOCCAL DISEASE

Further cases of meningococcal disease are likely to develop after initial infection in schools and preschools in England and Wales. Surveillance was performed in educational settings between 1995 and 2001, with a total of 114 clusters identified (clusters being two or more cases of confirmed or probable meningococcal disease within four weeks in children attending the same institution). Raised relative risk of further cases was observed in all settings but especially in preschools, and 68% of second cases occurred within seven days of the first. Despite a lack of evidence, antibiotics are routinely prescribed for prophylaxis in such situations, and the authors state that evidence of their efficacy is required to inform public health policy. (*Arch Dis Child* 2004;**89**:256–60)

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## DIFFICULTIES IN LUNG CANCER SCREENING

Recent data from Ireland suggest that caution should be exercised when considering mass screening programmes for lung cancer. Almost 450 high risk adults underwent low dose chest computed tomography and were referred for biopsy if the presence of non-calcified nodules of  $\geq 10$  mm in diameter were detected. Incidental pathology (most commonly emphysema and coronary artery calcification) was noted in 276 patients, a much higher figure than expected. The authors state that the low detection scores and high rates of invasive intervention for benign masses emphasise the need for large scale randomised controlled trials. (*Thorax* 2004;**59**:237–41)

## CHILDHOOD POVERTY AFFECTS LATER LUNG FUNCTION

Childhood poverty is associated with poorer lung function in older women. Over 3000 women aged between 60 and 79 years had their lung function tested and completed a questionnaire on socioeconomic factors, the data from which were used to assign each into a childhood social class. Strong linear trends existed for decreasing lung function with greater numbers of childhood poverty indicators. These findings add further weight to the growing evidence that the adverse impact of childhood poverty continues well into later life, and furthermore underline the need for government policy at a time when one in three children are reported to live in poverty. (*Thorax* 2004;**59**:199–203)

## VISUAL IMPAIRMENT IN OLDER UK PEOPLE

A great deal of visual impairment in older British people is due to remediable causes such as refractive error and cataract. Results from the visual examinations of the MRC trial of assessment and management of older people in the community (on almost 15 000 UK residents aged 75 years and over) showed that 12.5% were visually impaired, the main cause of which was age related macular disorder (52.9%), followed by cataract (35.9%), and glaucoma (11.6%). The authors note that, while refractive error and cataract both have safe and effective treatments, delivering those treatments in a timely fashion to this age group remains challenging. (*Br J Ophthalmol* 2004;**88**:365–70)

## SLOVENIAN SEX PARADOX

Slovenian men and women aged 18–24 have a higher rate of *Chlamydia trachomatis* infection than their UK counterparts despite engaging in lower risk sexual behaviour. A total of 683 men and 764 women aged between 18 to 49 were interviewed and tested for the infection, with prevalence highest in the 18–24 age group at 4.1% for both sexes, compared with the UK figure of 2.7% for men and 3.0% for women. As Slovenians were considerably less likely to participate in high risk sexual behaviour, the authors suggest that serious gaps exist in the diagnosis and treatment of *C trachomatis* in Slovenia, and that screening for the infection should be introduced as matter of priority. (*Sex Transm Infect* 2004;**80**:121–3)

## HCV IN SOUTHERN ITALY

Hepatitis C virus (HCV) is reaching epidemic proportions in southern Italy. In a cross sectional study of over 5000 people, 8.5% of the general population were found to be infected, with the highest prevalence rates witnessed in intravenous drug users (31.8%) and male prisoners (37.4%, rising to 47.3% for those aged 30–49). The healthcare system in southern Italy is generally less developed than that in the north of the country (and the rest of the EU and the USA) and there are currently no harm reduction programmes in place. The authors recommend the introduction of prison admission screening for HCV as the first stage in combating this crucial problem. (*Gut* 2004;**53**:771)

## BREAST CANCER OVERDIAGNOSIS RISES

A prospective cohort study based in Norway and Sweden suggests that overdiagnosis in nationwide mammography is much higher than previously thought. Overdiagnosis is often not regarded as a problem for screening in breast cancer as it is argued that any increase in incidence should be compensated for by a strong decrease after age 69, when screening is no longer performed. There was no such occurrence in this study however, where the recorded incidence increased by 54% and 45% respectively in women aged 50–69 years in Norway and Sweden, with no subsequent decrease observed. The authors assert that “women cannot make an informed choice on screening unless the level of overdiagnosis is properly explained to them”. (*BMJ* 2004;**328**:921–4)