those who get succeeded through these hurdles, it takes usually 8-10 months to see their reports in print.

Some good Indian journals, such as 'Indian Pediatrics' are having their own websites. These can be made interactive with a facility of automatic submission and publication of brief reports. Responses and opinions of experts then can be published online in form of 'rapid responses' as is the case with majority of international medical journals. In print version also a section like 'National Alert' can be added just like 'Global update' where a brief account of an emerging illness from different parts of the country can be published pending detailed reports in subsequent issues.

Role of lAP and other academic NGOs

Both Dr. Jacob John(2) and Dr. Balraj(l) have urged academic NGOs like IAP to play a more positive role. But, sadly, so far the only directive available to an average IAP member is to go public and brief the local media about emergence of the disease. There is no dearth of infectious disease experts in the Academy, and a core group of them either under the aegis of Infectious Disease chapter of IAP or central IAP with a designation of 'Epidemic Management Cell' can be constituted to respond and to issue guidelines to members residing in the affected areas, to seek cooperation and to help investigating national agencies, to seek collaboration of international agencies like CDC and WHO, if need arises. Further, the expertise gained through successful AFP surveillance system and resources and infrastructure of laboratory network for viral isolation and genetic surveillance can be utilized to keep a vigil on emergence of new epidemics and to crack mysteries of these so called 'mysterious diseases'.

Vipin M. Vashishtha,
Consulting Pediatrician and Neonatologist,
Mangla Hospital, Shakti Chowk,
Bijnore 246 701, U.P., India.
E-mail: vmv9@vsnl.com

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Blood Lead Levels Among Children Aged 0-15 Years in Hangzhou, China

Lead is commonly found in home and industrial surroundings and causes a variety of adverse health effects(1). Children absorb more lead than adults because of their physiological and metabolic characteristics. In certain areas Africa and Latin America, the prevalence of lead poisoning in children range from 82% to 100%. The prevalence of childhood lead poisoning in China was also very high(2,3). This study aimed to measure the blood lead (PbB) levels among children from 0 to 15 years of age in Hangzhou city, China.

Stratified-cluster-random-sampling survey for the population was performed from

March 2000 to March 2002. A total of 636 children (414 males and 222 females) participated in the survey, corresponding to approximately 0.5% of the total number of children aged 0-15 years in Hangzhou. The geometric mean of PbB levels was 75.94 μg/L (ranged from 11.0 μg/L to 380.0 μg/L) with a positive skewness distribution. The overall prevalence rate of lead poisoning was 31.3% (199/636) with the PbB levels of 200 μg/L or higher in 3.9%(25/636), indicating that lead exposure is a very serious problem in these children.

Studies have revealed a direct link between consumption of leaded gasoline and lead levels in childhood(4). The prevalence rate of lead poisoning in our study was 24.7% in children aged 0-6 years, which is significantly lower than the previously survey (39.16%) in Hangzhou in 1997(5). This may be due to, at least partly, the using of lead free gasoline from 1998 in Hangzhou.

The difference of PbB levels (as geometric mean) between female (71.52 μg/L) and male (78.26 μg/L) was not significant (P = 0.064). The prevalence rate was 28.8% (64/636) in female and 32.6% (135/636) in male and the difference was not significant too (P = 0.327). These implied that the female and male could absorb the same lead when they are in the same environments.

In the United States and Australia, the PbB levels are highest in 1- to 2-year-old children and decline at later ages. In this study, we found the PbB levels were increased with age in children younger than 3 years with the highest level in children aged 3-11 years, and then declined at later ages. The differences of PbB levels among different ages were significant (P <0.001) (*Table I*). The pre valence rates also increased with ages in children younger than 3 years and then decrease in children older than 6 years, with statistically significant difference (P = 0.000). One possible explanation for this discrepancy in age trends is that factors that make younger children more susceptible to lead exposure (*i.e.,* hand-to-mouth behavior, lead absorption physiology) may be superseded by other risk behaviors such as increased outdoor activities or exposure of other sources of lead (*i.e.,* lead in food, toys, pencils and so on).

TABLE I–*The Geometric Mean and Prevalence Rate of Blood Lead Levels in Different Ages*

Subgroups	Age	Number	Mean (μg/L)	Multi comparison* (subgroups P<0.05)	Prevalence rate (%)
1	0-1 month	52	50.91	vs 2-6	6 (9.6)
2	1 mo - 1 year	152	60.95	vs 1, 3-6	31 (20.4)
3	1-3 year	133	81.45	vs 1,2	48 (36.1)
4	3-6 years	129	90.92	vs 1,2	56 (43.4)
5	6-11 year	113	90.92	vs 1,2	44 (38.9)
6	11-15 year	57	78.84	vs 1,2	15 (26.3)
Total		636	75.94		199 (31.3)

F = 17.910, P = 0.000; χ^2 = 33.727, P <0.001.
* LSD multiple comparison of geometric mean among subgroups.

Zou Chaochun,
Zhao Zhengyan,
The Children's Hospital,
Zhejiang University School of Medicine,
57# Zhugan Xiang, Hangzhou, 310 003,
China.
E-mail: zou108cc@yahoo.com

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Chronic Renal Failure with Retinal Detachment

We read with interest the article "Chronic Renal failure in Children" by Hari *et al.* They have dealt in detail on the etiology of chronic renal failure (CRF) from a large pool of cases attending their clinic. Since the authors have also covered on the issues of management we have a small query. Did they come across any case of CRF with visual problem or retinal detachment? Were they routinely doing opthalmological examination in their follow up cases? Recently, we came across a 15-year-old girl, who presented to ophthalmology department as bilateral loss of vision. On examining her eye she was found to have bilateral bullous retinal detachment. Her general physical examination revealed she had severe hypertension (above 99th centile for her age) and subsequently her investigation revealed as having CRF. When we reviewed the literature (Medline Search), we found that retinal detachments are a known complication of chronic renal failure, though majority of case reports and series are from adult patients. Numerous hypothesis have been suggested for retinal detachments-dilutional hyponatremia(2), severe hypertension(3), ischemic infarction of choroids(4) and choroids spasm(5). Multiple factors may be operable simultaneously. The interesting part is that the retinal detachment is reversible when various causes or the complications are managed adequately and that includes renal transplantation as well. We feel that reversible retinal detachment occurring in association with renal insufficiency has not been emphasized sufficiently in pediatric literature. It would be worthwhile for patients with chronic renal disease to undergo a complete retinal examination including indirect opthalmoscopy routinely, so as to detect and treat this condition. It is probably not rare, but will be seen more frequently if looked for carefully.