

Global Update

News in Brief

New multi-drug resistant HIV: A case report presented as a poster in the 12th retroviral conference in Boston has excited great interest amongst scientists and lay public alike. The 46 year old homosexual patient and drug abuser probably acquired the disease in October 2004 and his CD4 counts fell to 80 by January 2005. The strain is resistant to 19 of 20 anti-retrovirals. Media reports (New York Times, 12 Feb 2005; www.nytimes.com/) have whipped up public frenzy that we might be witnessing a new epidemic of a drug resistant strain with rapidly progressive disease. Skeptics believe host factors may have more to do with the disease progression than the virus. Attempts to trace contacts have not shown another similar case whereas the index case is said to have had intercourse with hundreds of partners (www.bmj.com, 5 March 2005; 30: 98).

Naso-gastric tubes: We need to take a leaf out of Britain's book. Following 11 deaths in the last 2 years following wrong insertion of nasogastric tubes, the NHS has issued safety guidelines about their use. The National Patient Safety Agency has condemned the use of inaccurate tests to check placement including the whoosh test (checking for sounds in the abdomen after flushing with air), looking for aspirates or for bubbles. They have recom-

mended a list of tests including pH testing of gastric aspirates with pH indicator strips with half point gradations from 0-6 or radiographs. Interestingly all the deaths occurred in hospitals and none in home care settings. Finally we can improve medical care by paying attention to and monitoring small errors. Standardizing medical care throughout a nation is a huge but important challenge (www.bmj.com 26 February 2005; 330:438)

Saving newborn lives: The paradox that simple cheap interventions will save more newborns than costly high tech interventions is difficult for most people to digest. A series of articles in the Lancet investigate which newborns are dying where and why. The statistics are shameful. Why is it that 99% of 4 million neonatal deaths occur in poor countries but nearly all published research relates to the 1% in rich countries? Why does a preventable illness like neonatal tetanus kill half a million babies every year? Why do half the women in Africa and South Asia deliver at home without a trained attendant? If low cost interventions can save 3 million of 4 million babies why does the glamour of ventilators and high tech nurseries ensnare us? (www.thelancet.com 3 March 2005)

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