

Swine flu - panic or informed concern?

This winter season has been associated with coughs and colds like any other. However, these symptoms are causing a lot more worry than usual. The pandemic caused by the H1N1 virus, otherwise known as swine flu, and the highly publicised deaths of infected patients have led to panic, with tour groups being quarantined and not allowed to enter countries and schools being closed down.

At times like this we need reliable information from experts. I am therefore grateful to Professor Heather Zar for being prepared to take on the 'Hot Topics' section of this issue, at the last minute! As she comprehensively explains, the H1N1 virus causes influenza clinically indistinguishable from seasonal flu. Influenza does however have symptoms that help distinguish it from the common cold. Considering that up to 1 in 5 adults and 1 in 3 children annually become ill with influenza in South Africa, the estimated number of up to 10 000 deaths, although low in proportion to the number of infected patients, is likely to appear surprisingly high to most of us. The review puts the epidemic into context: influenza is common, and deaths of susceptible people from it are not uncommon. Professor Zar clearly describes which patients are at risk of influenza and when pharmacological treatment is indicated. Although there have been deaths of people with no identifiable risk factors, we can take comfort in the fact that this appears to be exceedingly rare.

The rest of this issue of *SAJCH* includes a range of other interesting articles. Hon and Van As report that although non-accidental injuries of children, especially sexual assault, were commonly written about in local newspapers, analysis of actual hospital admissions showed that accidental injuries, especially motor vehicle accidents, were far more common. This is not surprising, of course, because sensational stories sell newspapers; but their paper highlights the need to prevent accidental injuries, and points out that newspapers could (and should) contribute to this. Afolabi and co-authors discuss another accident that is common in children - nasal foreign body insertion. Weakley *et al.* demonstrate the significant increase in workload contributed by HIV infection and tuberculosis at a children's hospital, and Horn and co-authors report further evidence of the effectiveness of early surfactant therapy in the management of neonatal respiratory disease.

The high burden of HIV disease in poor communities has led to use of adult formulations of medication in children because tablets are cheaper than suspensions, have a longer shelf-life and do not need refrigeration. The pilot study by Innes *et al.* reports on the dilution of stavudine with good drug preservation and suggests that not all generics are equal. This requires validation in large numbers and confirmation that dilution concentrations translate to clinical effect. In a simple yet important epidemiological study Akor and co-authors remind us that screening schoolchildren with a urine dipstick can identify potential renal disease and prevent organ failure.

As the cold winter nights become shorter and the sun fights to emerge from behind the clouds, we hope this issue of *SAJCH* will be useful and provide some good reading. You may also want to earn some points by answering the questions in the continuing professional development section.



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A warm South African congratulations to Professor Heather Zar on her appointment as Professor and Head of Paediatric Medicine at the University of Cape Town.