

### **Imported poliovirus identified in Bulgaria** (pp. 476–481)

In the town of Bourgas in 2001, a one-year-old Roma girl and a three-month-old Roma boy were diagnosed with acute flaccid paralysis caused by polio, as was a two-year-old Roma girl in Yambol. The three children had not been vaccinated, and lived in deprived areas of these two towns. The health authorities investigated these cases and their contacts, conducted faecal and serological screening among children in high-risk groups, activated an enhanced surveillance system for acute flaccid paralysis, and carried out supplementary immunization activities. The genomic sequences of polioviruses isolated here were found to be dissimilar to strains isolated previously in Europe but closely similar to one isolated in India in 2000.

### **Bayesian approach can indicate where ivermectin is needed** (pp. 482–490)

A statistical model invented in the 18th century by the Rev. Thomas Bayes was used to assess the endemicity of human onchocerciasis in Yanomami communities along four rivers of the south Venezuelan Orinoco basin. The information thus obtained correctly classified 25 of the 29 villages studied with respect to their need for ivermectin treatment. The aim of the calculations made within the Bayesian framework was to explore the factors influencing the prevalence of microfilariae in order to predict the probability of any community being at least mesoendemic — i.e. with a prevalence of microfilariae of over 20%.

### **Best practices defined for controlling infections caused by injections** (pp. 491–500)

The most effective way to reduce injection-associated infections is to eliminate unnecessary injections. Where there is a medical indication for intradermal, subcutaneous or intramuscular injections the best practices for controlling infection include the following: use sterile injection equipment, prevent contamination of injection equipment, prevent needle-stick injuries to the provider, and prevent access to used needles. The

guidelines come from the WHO definition of a safe injection, a review of the literature on each step involved for each component, and peer review of the draft conclusions drawn.

### **Most women in Zimbabwe believe wife beating to be justified sometimes** (pp. 501–508)

Over half of the nearly 6000 women participating in a survey thought it was all right for a man to beat his wife in at least one of the following situations: if she argued with her husband (36% thought this justified beating), neglected her children (33%), went out without telling her husband (30%), refused to have sex with him (27%), or burnt the food (12%). Belief that wife beating was justified was associated with younger age, living in rural areas, greater poverty and less education.

### **Work-related injuries incur heavy losses in Lebanon** (pp. 509–516)

The combined cost of 3748 work-related injuries documented by insurance companies was US\$ 742 100, over three-quarters of which was for medical costs. Extrapolated to all injuries occurring in insured workplaces, the cost was US\$ 4.5 million a year, and increased to US\$ 10–13 million a year if compensation for the injured person's distress was included. Preventive measures against work injuries could yield significant benefits for Lebanon, which has a population of four million with a gross domestic product of US\$ 16.7 billion.

### **Improvement needed in salt iodization in South Africa** (pp. 517–521)

Internal quality control procedures need improving at the plants of most of the producers iodizing salt in South Africa. The legal requirement of 40–60 parts per million (ppm) was found to be met in only 30.9% of the samples examined; 34.8% contained less than 20 ppm of iodine. Some of the salt producers are dedicated to following the law and thereby helping to eliminate iodine deficiency disorders, but some need education on why the law exists and how to keep it.

### **More can be done for children in sub-Saharan first-level health facilities** (pp. 522–531)

When referral to a higher-level health care facility is not possible, some additional supplies, equipment and simple guidelines could save infants' and children's lives. Suction pumps, nebulizers, oxygen concentrators and nasogastric tubes could improve the management of severely ill patients at first-level facilities, together with more flexible legal requirements. The conclusions come from an observational study of facilities in Uganda, the United Republic of Tanzania, and Niger using the standardized guidelines for integrated management of the sick child (IMCI).

### **The fee-for-service idea did not work in Burkina Faso** (pp. 532–538)

When nine health centres in the Kongoussi district introduced a fee-for-service system, the number of patients using them went down by 15.4% between 1997 and 2000. At the same time, expenditure increased at almost three times the rate of income. Attendance at the other five in the district which continued to provide care financed in other ways went up by 30.5% during the same period. Charging of fees was introduced with the attempt to establish a revolving fund for essential drugs to be maintained and increased by users, in accordance with the WHO and UNICEF scheme called the Bamako Initiative, adopted in 1988 to reduce infant and maternal mortality.

### **Health and justice go together** (pp. 539–545)

Health work can be effectively combined with efforts to combat poverty, promote equity and uphold human rights. The health sector can improve its own effectiveness by applying these concerns to its work in five ways: making them a priority in policy and planning; extending their functions to other sectors which affect health, such as sanitation, food and the environment; financing health care equitably; removing barriers of access to health care; and monitoring development policies for their health implications. ■