

Irish graduates

Sir,
The Irish General Practitioner Trainee and Assistants Association is supported by the Irish College of General Practitioners, and our aim is to represent the particular needs of Irish primary care physicians in training. We are aware that significant numbers of Irish graduates train and work in National Health Service hospitals and practices within the UK with the ultimate intention of returning to Ireland. We are

interested in compiling a register of all Irish trainee primary care physicians with a view to establishing manpower figures for Irish general practice.

In addition to assisting in compiling manpower statistics, any individuals who are able to respond to this appeal will be kept up to date on any further developments relating to entry to the general medical services in Ireland, together with further information on shortlisting procedures and selection criteria. We would therefore be obliged if any readers who

are, or who know of any, Irish doctors training in UK hospitals or practices would write to us. We are also interested in hearing from any graduates considering a career in general practice in Ireland.

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INFECTIOUS DISEASES UPDATE

Echovirus infections

The two enterovirus infections that gain most publicity are poliomyelitis and coxsackie, but echovirus infections are common and can cause epidemics, usually owing to a particular subgroup, for example type 4 in the recent UK epidemic. With the exception of poliomyelitis, serology is less helpful than culture in diagnosing enterovirus infections, because of the large numbers of serotypes that are involved. Serological screening is possible but can be time consuming and expensive if performed routinely.

Although rarely performed, the most useful test for enteroviruses in general practice is probably a throat swab taken early in the acute illness. A dry plain swab should be used and immediately inserted into a small bottle of special culture medium, which can be obtained from virus laboratories. This can be stored at 4°C in a refrigerator if transport to the laboratory is delayed.

A recent small study in our hospital, during this year's influenza B epidemic, which mainly affected children and young adults, emphasizes the value of diagnostic tests during influenza-like illnesses both for epidemiological purposes and as a guide to prognosis or speed of recovery. This study looked at 20 people admitted with influenza like symptoms (fever, headache, vomiting, myalgia and often meningism) over a four month period. Echovirus infection was confirmed in two cases, coxsackie in one, psittacosis in one and influenza B in three. It was thought more influenza cases would have been confirmed if second serological samples had been obtained. While the influenza epidemic was waning the current echovirus outbreak began and there was clearly an overlap (Figure 1). A further study during the echovirus outbreak, which also mainly affected children and young adults, showed that this virus caused similar illnesses to influenza B but with more meningism. Approximately 25% of the patients studied had a rash, usually of a fine macular erythematous type. When examined, the cerebrospinal fluid of patients with influenza

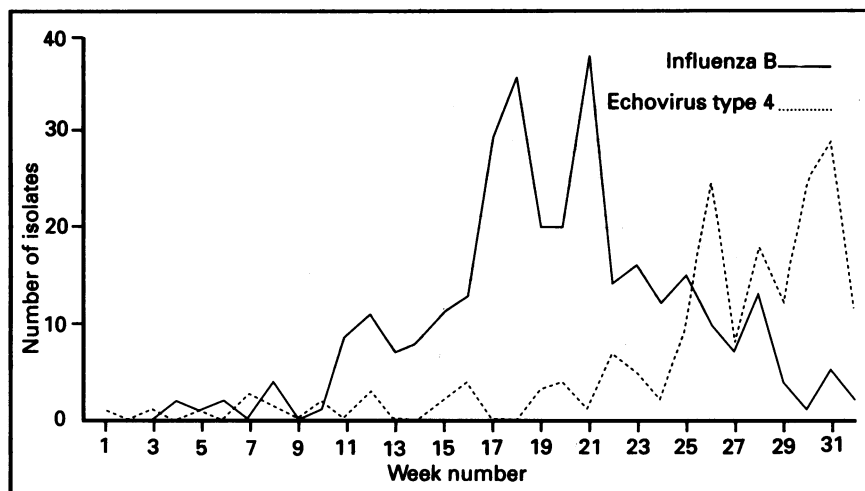


Figure 1. Influenza B and echovirus type 4 isolates reported to Communicable Diseases (Scotland) Unit during 1990.

often showed a slightly raised protein level whereas in those with echovirus infection the white cell level as well as the protein level was raised.

The reason why the current echovirus epidemic has not been well documented is probably because few laboratories have the appropriate antisera for identifying type 4 organisms. Previous outbreaks of type 4 infections have been recognized in 1963 and 1971 suggesting a 10 year cycle with an outbreak in the early 1980s of minor proportion.

By liaising with the local virus laboratory it may be that some useful studies could be carried out on influenza-like illness in general practice and this should give a more representative picture of what is actually happening in the community.

Eosinophilia in travellers to the tropics

One of the blood screening tests often performed on those returning from the tropics is a blood film either for malaria parasites or for eosinophilia which can be a marker of parasitic infection. It is often thought that

'worms in the intestines' cause eosinophilia although this is only rarely the case. An exception is strongyloides, where marked infection is most commonly seen in the immunocompromised. A level of eosinophilia above 10% of white cells usually implies invasive infection and the most likely causes are schistosomiasis, filariasis, onchocerciasis and toxocariasis. Modern diagnostic tests for all these infections usually include serology. Recently a number of cases of onchocerciasis have occurred in a group of young people who were working temporarily in West Africa near a river. This infection, which can cause 'river blindness', is spread by the small black fly that lives near running water and may not declare itself for months or years. The symptoms are usually lymphadenopathy, often in the groin, areas of itchy erythematous, or urticarial rash owing to the presence of microfilaria. Effective antifilarial drugs are available but treatment usually needs to be repeated.

Contributed by Dr E Walker, Communicable Diseases (Scotland) Unit, Ruchill Hospital, Glasgow G20 9NB (041 946 7120), from whom further information about the current topics can be obtained.