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MUMPS MAKES A COMEBACK

Adults currently aged 25–30 years are the group most susceptible to mumps in Australia, say Aratchige et al (*page 434*) after conducting a national seroprevalence survey for mumps immunity, and examining mumps notifications and hospitalisations for Australians of all ages between 1994 and 2005. Notifications have certainly been increasing — from 60 in 2002 to 231 in 2005 and 512 in 2007 — and the birth cohort of 1978–1982 (who may not have received an extra dose of measles–mumps–rubella vaccine during the 1998 Australian Measles Control Campaign) has the highest rates of notification and the lowest immunity.

If, like most Australian doctors, it has been a long time since you've seen a patient with mumps, the Clinical Update from Senanayake (*page 456*) will be most instructive. Mumps is a systemic disease that can have nasty complications: a third of notified cases between 2002 and 2005 were severe enough to necessitate admission to hospital.

ILL HEALTH AND WORKFORCE ATTRITION

According to Schofield et al (*page 447*), hundreds of thousands of older Australians are unable to work because of chronic illness, adding a financial imperative to the current push for disease prevention. A 2003 Australian Bureau of Statistics survey asked more than 9000 45–64-year-olds about their work status and their long-term health conditions: a third of respondents were not in the workforce, and of these, 45.6% had retired because of a chronic health condition. The most common precipitant was a back problem (10.4%), and the most debilitating conditions (causing 50% or more of those affected to quit work) were depression, mental disorders, heart disease, circulatory conditions and respiratory problems.

STENT OUTCOMES ON TARGET

A large Australian registry of percutaneous coronary interventions (PCIs) has reported similarly good outcomes to those found overseas (Ajani et al, *page 423*). The Melbourne Interventional Group tracks PCI procedures and outcomes in seven Victorian public hospitals: 6364 patients underwent 7167 PCIs between April 2004 and August 2007. Outcomes included low 30-day and 12-month event rates, including mortality (1.9%, 5.2%), myocardial infarction (2.4%, 6.0%) and major cardiovascular events (5.7%, 16.2%). Drug-eluting stents were used in more than half of all procedures, with similar outcomes to those of bare-metal stents, but their use declined markedly in the latter part of the study period.

FAST TRACK TO STROKE CARE

A simple pre-hospital care protocol can significantly enhance stroke patients' access to tissue plasminogen activator (tPA) therapy. In a 6-month trial in the Hunter Valley, NSW, ambulance officers were encouraged to use a pre-hospital stroke assessment tool and divert all potentially thrombolysis-eligible patients to the regional tertiary referral hospital, while notifying the hospital acute stroke team via a text message (Quain et al, *page 429*). During the study period, the proportion of ischaemic stroke patients treated with tPA increased significantly to 21.4%, compared with 4.7% during the same period 12 months earlier.

TRACKING INDIGENOUS STI CONTROL

Despite an outbreak of gonorrhoea in the Anangu Pitjantjatjara Yankunytjatjara Lands between 2003 and 2006, the region's whole-of-population screening and treatment program is successful and should be continued, say Huang et al (*page 442*). The program, which encompasses six remote communities in the region and has high participation rates, achieved a 67% reduction in the prevalence of gonorrhoea, a 58% reduction in chlamydia infection and a linear decline in syphilis to a very low level between 1996 and 2003. Culture and sensitivity testing of gonococcal isolates in 2006 confirmed that a sharp rise in gonorrhoea prevalence after 2003 was not due to antibiotic resistance, and raised the possibility of the presence of a more infectious clone. An accompanying letter with another 2 years' data on gonorrhoea prevalence suggests that the outbreak has now been controlled.

SPECIALIST COLLEGE ENTRY: AN OUTSIDER'S VIEW?

"... jumping through hoop after pointless hoop" is one of Sondergaard's milder descriptions of the manoeuvres required by overseas-trained anaesthetists who wish to gain recognition from the Australian and New Zealand College of Anaesthetists in order to register to practise in Australia (*page 460*). Read his scathing Scandinavian critique of the process he believes is robbing the country of a qualified specialist workforce, and Wilson's response on behalf of the College (*page 463*) and decide for yourself if there is room for improvement in the way we vet our medical imports.

Dr Ruth Armstrong, MJA

ANOTHER TIME ... ANOTHER PLACE

Gentlemen, this is no humbug.

John Warren, 1846