In brief

Number of HIV infections in Germany rises: The number of new infections of HIV in Germany has risen for the first time in 10 years. About 33 500 men and 9500 women in Germany are infected with the virus. In 2003 1950 new infections were notified, 41% of which were in gay men. Experts blame the rise on a readiness to believe that drugs can cure HIV and AIDS, and declining public awareness of the risks of infection.

Canada's medical organisations take stand against smoking: The Canadian Medical Association has notified Canadian cities that from 2008 it will hold conventions only in cities that have banned smoking in indoor public places. The Canadian Public Health Association and the Canadian Paediatric Society have also chosen to hold their meetings in smoke-free municipalities.

WHO donates virus to develop avian flu vaccine: The World Health Organization is to give a prototype avian flu virus to three laboratories that are keen to develop a vaccine for the H5N1 strain: the UK's National Institute for Biological Standards and Control, the US Centers for Disease Control, and the St Jude Hospital, Memphis, Tennessee.

Hong Kong moves to cut infection from bird diseases: The Hong Kong government has announced its intention to ban the sale of live chickens in retail markets in the next two to five years. The move, strongly opposed by the poultry trade, is the most stringent of a range of measures to prevent infections of bird diseases in humans.

Ethnic minorities in London have worse health than majority: London's ethnic minority communities are experiencing poorer health than white groups, a report from the London Health Commission says. Infant mortality in seven London boroughs with a high ethnic minority population is 7 or more per 1000 live births, considerably higher than the average of 5.4 for England and Wales. See www.londonshealth.gov.uk/hinl.htm and News Extra at bmj.com

Saline has similar effect to albumin in critically ill patients

Susan Mayor *London*

No difference exists in 28 day mortality between patients who are resuscitated with albumin and those given saline. This is the finding of a large randomised trial of fluid resuscitation in critically ill patients, reported at a recent meeting in the United States.

Results from the saline versus albumin fluid evaluation (SAFE) trial of nearly 7000 critically ill patients showed that 28 day mortality for patients randomised to albumin was 20.9%, whereas mortality in the saline arm was 21.1%. Data were available for a total of 3473 patients receiving albumin and 3460 receiving saline; the mean age of patients was 58 years. Although the researchers found no difference in overall survival, they found a slight difference— in favour of saline—in mortality in patients who had trauma and head trauma. The relative risk of death in trauma patients resuscitated with albumin was 1.36.

Simon Finfer, senior staff specialist in intensive care at Royal North Shore Hospital, Sydney, Australia, and lead investigator of the study, said that the results provided the first clear evidence that one fluid was no safer than the other in terms of mortality. "So we can answer the question about difference: there is no difference," he said, reporting the results at the annual meeting of the Society of Critical Care Medicine on 24 February in Orlando, Florida.

Commenting on the results at the meeting, Professor J Christopher Framer, professor of medicine and pulmonary and critical care medicine at the Mayo Clinic, Rochester, Minnesota, said: "The trial was so well done that it is amazing—to meet the enormous logistical challenge of running a 7000 patient trial, at so many [intensive care units] and collect all the data in just 18 months. The bottom line is that this is a very clean set of data."

He said that it was likely to end the colloid-crystalloid debate that had been going on for the past 30 to 40 years. Crystalloid fluids such as saline cost significantly less than albumin and other colloids, which are blood products, so the study results could have substantial cost implications.

In addition to providing evidence that colloids and crystalloids were equally effective, the study also debunked another myth: the 3:1 ratio. It had previously been universally accepted that it took three times as much crystalloid (such as saline) volume to resuscitate a patient. But Dr Finfer said that the actual ratio was only 1.38 litres of saline to one litre of albumin. "On average, the patients in the study received an average of 1200 ml albumin a day and 1600 ml saline [a day] during the initial four days," he reported.

Results were in line with a previous meta-analysis of 24 studies (comprising 1419 patients) that concluded that there was no evidence that albumin reduced mortality in critically ill patients compared with crystalloid solutions and that there was a strong implication that it might increase the risk of death (*BMJ* 1998;317:235-40).

Subsequent meta-analyses of completed trials had not resolved the clinical uncertainty, and it was widely agreed that a large, high quality, randomised controlled trial of albumin in critically ill patients was needed. □

US screening programme shows high prevalence of aortic aneurysm

David Spurgeon *Quebec*

Around 25% of participants in a US national screening programme for vascular disease are at risk of having a ruptured abdominal aortic aneurysm, indicates a four year analysis.

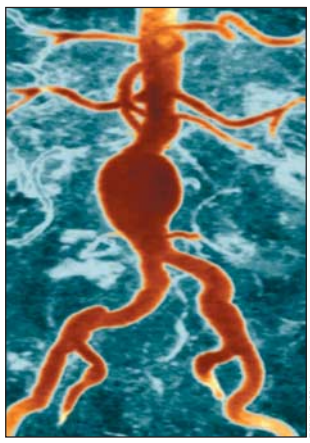
The screening programme, known as "Legs for Life," was set up in 1997 for adults at risk of peripheral vascular disease. It was developed by the US Society of Interventional Radiology as a public education programme. It has screened 300 000 people to date, 30% of whom were considered to be at high or moderate risk of peripheral vascular disease.

Abdominal aortic aneurysm accounts for more than 15 000 deaths annually in the United States and affects an estimated 5% to 7% of people aged 60 years or above.

One in 20 of the aneurysms (5.3%) detected in the screening programme was larger than 5 cm, a size considered to carry a high risk of rupture and to require treatment. A further one in four (22.5%) were larger than 3.5 cm and, while not posing an immediate risk of rupture, merited continuing observation.

The four year results of the "Legs for Life" national screening programme for vascular disease were presented last week at the annual meeting of the Society of Interventional Radiology. A risk assessment questionnaire was used, and participants found to be at risk were given an ultrasound examination.

Risk factors for an aortic aneurysm are age of 60 or above, smoking, having a family history of aortic aneurysm, and having other conditions that affect the blood vessels, such as heart disease or diabetes. Men are more likely to have an aortic aneurysm than women. □



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Aortic aneurysms are more likely in smokers over 60 with a family history of the condition