In brief

Warning issued on rare side effect of ADHD drug: The Medicines and Healthcare Products Regulatory Agency has warned doctors and patients that atomoxetine (Strattera)—used to treat attention-deficit/hyperactivity disorder (ADHD) in children—may be associated with liver problems in 1 in 50 000 cases.

India launches first HIV vaccine

trial: The Indian Council of Medical Research last week began human trials of a candidate vaccine against HIV based on a recombinant adeno-associated viral vector, developed in the United States. The trial in India will enrol 30 volunteers and will last 15 months. Supported by the International AIDS Vaccine Initiative, it is part of a multicentre phase I trial, also under way in Belgium and Germany.

New commission set up to improve infants' health in Bradford: An independent commission has been set up by Bradford Vision, the local strategic partnership body, in association with health professionals and Bradford Council, in a bid to improve infants' health and life expectancy in the area. The rate of infant deaths in the district is still higher than the rate for England as a whole (in 2003, 9.1 v 5.4 per 1000 live infant births).

Vietnam appeals for help: The Vietnamese government has appealed for help to contain the outbreak of H5N1 avian influenza that has killed 13 people in the past six weeks. The World Health Organization, the UN Food and Agriculture Organization, and foreign governments have been approached for technical aid.

GP arrested on suspicion of manslaughter: A GP has been arrested on suspicion of manslaughter in connection with the death of a 57 year old woman in January, in northern England, Cumbria police have confirmed. The man has been released on police bail, pending further inquiries into the circumstances that led to the death. West Cumbria Primary Care Trust has begun an investigation into the "serious clinical incident."

Mumps cases on the rise in England and Wales

Roger Dobson Abergavenny

Reported new cases of mumps in England and Wales for January are more than 13 times higher than for the same period last year and are currently running at more than 1000 a week.

Confirmed cases of the disease for all of last year are also almost five times higher than for the previous 12 months. Provisional figures for 2004 show 7625 confirmed cases, compared with 1529 in 2003; 96 cases were confirmed in 1996.

The Health Protection Agency says the disease is mainly being seen in the age group who missed out on full measles, mumps, and rubella (MMR) protection when it was introduced in the late 1980s.

Increasing numbers of these



Students queue to receive vaccination against measles, mumps, and rubella at Lancaster Univerity's health centre

young people, aged about 16 to 24, are now in further education, where close contacts with other students have made transmission of the viral infection more likely.

The number of reported cases for England and Wales notified to the Health Protection Agency for the first four weeks of 2005 totalled 4891, compared with 358 notifications for the same period in 2004. Between 60% and 75% of notifications for mumps are currently being confirmed as genuine cases after laboratory testing.

Latest numbers of laboratory confirmed cases of mumps can be viewed at www.hpa.org.uk/ infections/topics_az/mumps/data.htm

Cardiac mortality in children in Oxford hospital is not excessive

Caroline White London

Fears that mortality in children who needed heart surgery in Oxford was excessively high suggesting a possible repeat of the incidents at the Bristol Royal Infirmary—are unfounded, an investigation has shown.

Two UK studies on survival rates after heart surgery across the United Kingdom in children less than 1 year old, which were published in the *BMJ* last year, prompted the Department of Health to request an investigation by Thames Valley Strategic Health Authority.

The first study was an analysis of survival rates for 2000-1, which relied on returns to the central cardiac audit database (*BMJ* 2004;328:611-20). It found no differences among the 13 UK centres.

A later study, however, which used hospital episode statistics for 1991-2002, found a death rate of 11% at Oxford Radcliffe Hospitals NHS Trust. This exceeded the 4% national average for the period (*BMJ* 2004;329:825-7). Case mix could not account for the discrepancy, the authors said.

The latest investigation involved an in-depth comparison of the two sets of data and included the most up to date local and national outcomes figures for this group of patients.

Last week's report concluded, "Oxford does not have a mortality rate which is statistically significantly different from the national average for hospitals conducting open cardiac surgical procedures on children aged under 1 year."

On the basis of the central cardiac audit database returns, an 8% death rate was a more accurate reflection of national figures than the 4% rate in the hospital episode statistics, the report found. And it recommended that the database

should be used for all future comparisons of outcomes in children's heart surgery in the NHS. The Department of Health now plans to develop the cardiac database further, said a spokesperson.

Both sets of data had their place, said the report, but it urged that every effort be made to ensure the compatibility of the different coding systems used to collect the figures.

Although satisfied that the investigation had dispelled fears about excessive death rates, Robert Sherriff, director of public health and health policy Thames Valley Strategic Health Authority and chairman of the investigative steering group, told the BMJ that trying to compare the two sets of data had been a major challenge. "It would be a good thing if different research groups could work together. They are in a better position to compare and contrast their data than a strategic health authority," he said. (See p 319.)

Report of the Paediatric Cardiac Surgery Steering Group is available at www.tvsha.nhs.uk