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Use of disposable face masks for public health protection against SARS

The paper by Syed *et al*,[1] provides observations on the use of face masks by members of the public for protection against the severe acute respiratory syndrome (SARS) coronavirus (CoV). The authors' raise an important question as to whether masks are effective in preventing disease. The type of masks used can generally be categorised as either surgical or paper and are suggested to offer similar protection. For healthcare workers, it has been shown[2] that masks do not provide adequate protection against SARS CoV. However, protection for healthcare workers is somewhat different than that for those of the general public, especially those not directly exposed to droplet transmission on a ''continuous'' basis from an infected perdon. The finding of a possible dose-response[3] for exposure and infection to SARS CoV lessens the chance of infection through droplet transmission by the general public, especially when some personal protection is afforded. When masks are used along with other hygiene practices, risk of infection, excluding close contact with an infected person, like a family member, can be minimised.

Masks have been shown to provide an increased protection rate of 2.4 for mycobacterium tuberculosis in comparison with no mask.[4] As SARS CoV has been suggested to be spread by aerosol droplet and not to any significant degree by airborne transmission,[5] masks will probably provide some increased protection to the general public. However, as noted by Syed, it is necessary that they be properly used and changed frequently. As this virus can survive for 72 hours or more on surfaces, it is transmitted through fomite contact and infection can occur by mucus membranes (for example, conjunctiva)[5]; thus, other personal hygiene practices (for example, hand washing) are of equal or greater importance.[4]

For public health protection, use of masks can have some impact on preventing the spread of SARS CoV. However, this should be only one health practice that is encouraged by the public as others (for example, hand washing) are also of great importance.

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2 **Lange JH**. SARS and respiratory protection. *Hong Kong Medical Journal* 2004;**10**:71–2.
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4 **Barnhart S**, Sheppard L, Beaudet N, *et al*. Tuberculosis in health care settings and the estimated benefits of engineering controls and respiratory protection. *J Occup Environ Med* 1997;**39**:849–53.
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BOOK REVIEWS

ActivEpi CD ROM and ActivEpi companion textbook

D G Kleinbaum. ($69.95). Data Description, and Springer-Verlag, New York, 2002. ISBN 0-387-14257-6 (ActivEpi CD ROM); D G Kleinbaum. K M Sullivan, ND Barker. (Pp 518; $36.95). Springer-Verlag, New York, 2002. ISBN 0-387-95574-7 (ActivEpi companion textbook).

ActivEpi is a multimedia interactive course on fundamentals of epidemiology in CD ROM, which is cross platformed in both Windows and Mac formats. The companion textbook is a supplement of the CD ROM.

ActivEpi is presented in 15 lessons. The first is the introduction to the getting started for learning effectively. Lessons 2 to 6 reviewed Objects and Methods of Epidemiology Research (epidemiology study designs, and measures of frequency, effect and potential impact), 7 to 11 are about Validity and Epidemiology Research (general considerations, bias, and Confounding), and the lessons 12 to 15 are devoted to the Epidemiological Analysis (simple, stratified, and matched analysis)

The principal benefit of the multimedia format is the active learning with lots of activities for better understanding and retention. Each lesson has animated expositions with real life examples, narrated instructional expositions, interactive study questions and short quizzes, homework exercises, practices with real data using Data Desk, and links to ActivEpi's web site and other interesting related sites. The material easier to learn, it can be used in pieces rather than as whole lessons.

I enjoyed especially the lesson 10 about Confounding that, in my own taught experience, is traditionally one of the most difficult concepts for the student.

The author explains that in general, all of the material on the ActivEpi CD ROM is included in the companion textbook. The differences are mainly related to the interactive format of the CD ROM in the presentation of the answers of quizzes and the study questions, and some interactive activities, such as the exercises using the Data Desk Program.

I recommend widely ActivEpi for students and professionals who are beginning to learn epidemiology, and to those that have a more advanced level of knowledge.

My only suggestion to ActivEpi CD-ROM is about the small font size of the tool bars: Contents, Index, and Glossary, which cannot be changed like the one of the lessons by main tool bar.

M de los Ángeles Rodríguez G

Violence against women: the health sector responds

Edited by M Velzeboer, M Ellsberg, C Clavel Arcas, *et al*. Washington, DC: PAHO, 2003, US $22.00, pp 131. ISBN 92-751229-2

This book is based on the formulation, development, and implementation of the PAHO's integrated strategy to cope with gender based violence (GBV). The convention on the elimination of all forms of discrimination against women (CEDAW,[1] 1979) and the inter-American convention on the prevention, punishment and eradication of violence[2] were the principal promoters of a political framework for action against GBV in all states. However, as the authors say, the health sector had traditionally ignored these calls. For this reason, the PAHO with the program for appropiate technology in health (PATH) and the US Centers for Disease Control and Prevention (CDC) have published this book to show the results of the assessments developed since 1993 to promote changes not only in service providers' attitudes, but also battered women's expectations and policy makers perspectives about the role of the health sector in this issue.

The book is structured in two sections. The first one, by the PAHO, gives an overview of why GBV is a public health problem (chapter one) and the two main projects implemented to develop an integrated strategy for tackling GBV. The first project—''Critical Path'' studies[3]—was designed to analyse the problem through the perspective of health professionals and women affected by GBV (chapter 2). The second project aimed mainly to put in place policies, capacities, systems, and networks to better prevent, detect, and care for women involved in GBV. So, it selected gender equity, partnerships, and active participation as cross cutting values and; communities, professional sectors, and national coalitions as the main levels and detection, attention and prevention as the main actions of the programme (chapter three).

In the second section, PATH presents the lessons learned by the assessments of the PAHO's strategy. Firstly, there was evidence that although the policy reforms have