Varicella vaccine and fatal outcome in leukaemia

In their unusual and dramatic Case Report (April 7, p 1232),[1] André Schrauder and colleagues describe a 4-year-old girl with acute lymphoblastic leukaemia and varicella who died of multiple-organ failure and other complications. She had received live attenuated varicella zoster virus (VZV) vaccine 1 month before the onset of symptoms. Understandably, Schrauder and colleagues focus on the clinical information and comment to a lesser degree on the laboratory test used to differentiate between wild-type VZV and VZV vaccine strain.

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This case illustrates the importance of doing this test for many reasons. It has important implications from diagnostic, therapeutic, epidemiological, and infection-control points of view, both in immunocompromised and immunocompetent patients. Specific PCR tests to differentiate wild-type from vaccine-strain VZV are available in a few laboratories around the world.[2–5] With these tests, results can be obtained quickly from specimens obtained from blood, cerebrospinal fluid, vesicles, and some tissues. Besides these benefits, VZV viral load can be measured by TaqMan PCR, which helps in the monitoring of disseminated disease progression and response to antiviral treatment, among other benefits.[2]

Also, early distinction of the two different VZV scenarios is crucial for the correct management of exposed individuals in hospital and community settings, including neonates, pregnant women, immunosuppressed patients, and high-risk individuals.

I declare that I have no conflict of interest.

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Insulin crisis in Iraq

Data on diabetes management in Iraq have been anecdotal and limited.[1,2] In this letter we discuss one problem that might have catastrophic consequences if it is not solved urgently.

Before December, 2006, insulin in Iraq was available as human neutral protamine hagedorn (NPH) insulin with short-acting insulin. Premixed human insulin was available in limited amounts. There was no real problem for patients with diabetes, despite the erratic electricity supply in Iraq. The Iraqi ministry of health imported insulin from Novo Nordisk, stored it in the capital Baghdad, and distributed it via primary health-care centres to the rest of the country. However, since Dec 31, 2006, no insulin has been available because, although it is still being imported, it is not safe to distribute it.

During Jan 1 to Apr 9, 2007, we did a survey of 2859 patients with diabetes attending a diabetic centre in Basrah. 106 had type 1 diabetes. 589 (21%) were prescribed insulin with or without oral glucose-lowering drugs, according to the degree of control. Since the end of the previous year, 147 (25%) had stopped using insulin altogether; 144 (24%) had decreased the dose to make the available insulin last until the end of the crisis; 149 (25%) were using insulin that had expired in December, 2006; 58 (10%) had changed to oral glucose-lowering drugs; and 91 (15%) were taking insulin imported from neighbouring countries with no quality controls.

This problem is going to get worse in the next few months when the environmental temperature increases to 50°C and the storage and transport of insulin becomes more difficult. In fact, the situation in Basrah is quite stable; we cannot image the situation in Baghdad and in areas where there has been extensive migration between cities.

Diabetes care in Iraq needs the help of local Middle Eastern and UN agencies. The insulin might be in the country, but the distribution of the drug between cities needs safety, which is far from being achieved.

We declare that we have no conflict of interest.

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1 Khoshnaw AI. The diabetic foot in Iraq. *Lancet* 2005; **366:** 1718.
2 Mansour AA, Al-Jazairi MI. Cut-off values for anthropometric variables that confer increased risk of type 2 diabetes mellitus and hypertension in Iraq. *Arch Med Res* 2007; **38:** 253–58.

Department of Error

Olusanya BO, Newton V. Global burden of childhood hearing impairment and disease control priorities for developing countries. Lancet *2007;* **369:** *1314–17*—The corresponding author of this Viewpoint (April 14) failed to inform us about a related article (Olusanya BO. Addressing the global neglect of childhood hearing impairment in developing countries. *PLoS Med* 2007; **4:** e74), which should have been cited.

Strandberg TE, Pitkälä KH. Frailty in elderly people. Lancet *2007;* **369:** *1328–29*—In this Comment (April 21), the figure should have shown an arrow pointing from primary frailty to disability.