In brief

FDA approves wristwatch for diabetics: The US Food and Drug Administration has approved an automatic glucose monitoring device, GlucoWatch, as a prescription device for adults with diabetes. This allows the wearer to collect glucose samples from interstitial tissue, not blood, through the intact skin.

Ireland proposes hepatitis B "passport" scheme for health workers: The Irish Medical Organisation has given guarded approval to a proposed scheme for all health workers to be issued with hepatitis B "passports"—documents that would carry details of the holder's antibody status for hepatitis B. The scheme would initially be voluntary. The passport would eliminate the need for healthcare workers to be screened whenever they changed work locations.

UK sets up cancer institute: A new National Cancer Research Institute has been launched in the United Kingdom, the first such institute to focus on a specific disease. It will oversee all aspects of cancer research, including clinical trials of new treatments and genetics.

Chicken pox vaccine is effective: The vaccine for chickenpox, approved by the US Food and Drug Administration in 1995, is highly effective in preventing chickenpox or minimising the severity of the disease in children, according to a three year study (*New England Journal of Medicine* 2001;344:955-60).

WHO panel urges six months' exclusive breast feeding: An expert group set up by the World Health Organization has recommended that mothers should exclusively breast feed their babies for six months—not for four to six months, as the WHO's current guidelines specify. The advice will become official WHO policy if the agency's member states accept it at their annual assembly next month. The International Baby Food Action Network claims that the baby milk industry makes an extra $1bn (£714m) a year from formula bought for babies aged 4 to 6 months.

Spanish sex workers forced to carry health check cards

Paul Rigg *Madrid*

All female sex workers employed by a chain of sex clubs in Spain will have to carry medical cards in future, after a drive to encourage the women to have regular checks for sexually transmitted diseases.

Clients will be able to access the details on the card by swiping it through an electronic reader. The scheme was condemned by a British AIDS specialist, who thought the scheme unbalanced and ineffective.

In four months Anela, the National Association of Sex Clubs, has brought together more than 100 club managers from throughout Spain with the aim of improving their image by assuring that each woman has had regular health checks.

Each of the women in every member club will carry a medical card that contains her name, passport number, sex club details, location, and health tests undertaken (with dates). If more than 40 days pass without an analysis the card will read: "The bearer has exhausted the time considered prudent for the monitoring and prevention of sexually transmitted diseases."

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A prostitute at work in Madrid

To join Anela, club owners have to pay £1500 ($2100) to register plus £150 a month. In return they will receive a "seal of quality," which they can display in their club.

Club owners will also be required to have a contract with a doctor, who will make weekly "or at least monthly" checks so that the sex workers can carry updated information. Any potential client has the right to ask for the card's contents to be displayed on a screen and for a certificate to be issued that he can then take home.

Members of Anela have to sign a contract that acknowledges that there is a particular need in their profession for sexually transmitted diseases to be monitored and controlled to avoid their spread.

A database will be created in Anela's "centre for the monitoring and prevention of sexually transmitted diseases." These data will be confidential and only for the use of medical staff for scientific analysis.

"We are doing this for the girls, but even more for the clients," said José Luis Roberto, Anela's lawyer.

Professor Michael Adler from the department of sexually transmitted diseases at the Royal Free and University College Medical School said: "This appears to be a very unbalanced and one sided approach to the control of sexually transmitted infections in that it does not require the same information and testing from the clients.

"A clean bill of health for the prostitutes is only as good as the last screening episode, with infection quite easily occurring between testing episodes. □

β Blocker response may have gene link

Scott Gottlieb *New York*

Patients with congestive heart failure and who have a mutation in the angiotensin converting enzyme (ACE) gene are likely to respond especially well to β blockers, a new study has suggested (*Circulation* 2001;103: 1644-8).

The current findings relate to people with the mutation known as the ACE deletion (so called because it lacks a small piece of DNA found in the normal ACE gene). Activation of the renin-angiotensin system is known to adversely affect progression of heart failure. Although the ACE deletion allele is known to increase renin-angiotensin activation, until now its influence on patient outcomes was uncertain, and its pharmacogenetic interactions with β blocker treatment have not been previously evaluated.

"I think that in the near future we are going to be able to target specific medical therapies to individual patients based on genetic background, and this study is a first step to that end," said the study's lead author, Dr Dennis McNamara from the University of Pittsburgh Medical Center.

Dr McNamara and colleagues followed 328 men and women with heart failure with a mean age of 56 years. Researchers looked at the ACE gene, which helps to regulate blood circulation.

Patients who had two ACE deletion ("short") versions of the ACE gene fared far better when their treatment included a β blocker than those with two "long" versions of the gene. Patients with two short versions of the ACE gene have the highest level of angiotensin converting enzyme activity, which makes the heart work harder and deteriorate more rapidly.

Overall, during a median follow up of 21 months, patients with two "short" versions had a significantly poorer two year, transplant-free survival (60%) than patients with two "long" versions (78%) and those with one short and one long version (65%), the researchers reported.

"This is the first study to look at a very common genetic trait and its interaction with a very common therapy for heart failure," Dr McNamara said. "One of our most significant findings was that the benefits of β blocker therapy in heart failure survival seems to be very different within the three classes of patients we defined genetically," he said.

He added, however, that he was "not ready to suggest we should do genetic testing today to see who should get β blockers." Larger studies will be needed before patients are either given or excluded from receiving β blockers on the basis of their genes, the authors noted. □