

# Third World killer

*Are we treating the symptoms of meningococcal disease, but ignoring the causes?*

By Tim Watkin

**F**or the past month they have been coming to Middlemore Hospital in South Auckland every day – mostly young, mostly Polynesian.

They are suffering from meningococcal disease, a bacterial infection that can cause meningitis and septicaemia. All over the country, they are suffering in greater numbers than ever before. By the first week of July, 193 people had been infected and 13 were dead. Those figures are much higher than at the same time last year, when 152 people had been infected and six people had died. Last year is the worst on record. Infection rates have been increasing every year since 1990 and the trend is now being seen as an epidemic.

"It's showing no sign of peaking," says a worried director of Public Health, Dr Gillian Durham.

New Zealand's infection rate of almost 15 per 100,000 is already higher than Australia, Britain and the US. The figures get even worse for Maori and Pacific Islanders. Whereas 7.4 Pakeha per 100,000 are infected, 30.7 Maori and 79.6 Pacific Islanders per 100,000 will suffer. Those figures leap again if you focus on the worst affected – the very young.

The disease can come in A, C, W or Y strains, but the most common germ currently attacking New Zealanders is a B strain known as B4P14.

The good news is that experts believe the root causes of the disease are environmental and social factors, not genetic ones. Therefore the disease is preventable. The shocking news is that nobody knows for sure what those causes are.

Starship Hospital's infectious diseases pediatrician Lesley Voss says, "We don't know why we've got this outbreak, we don't know why it continues to increase and we don't know when it's going to stop."

Adds Durham: "We don't know why this happens in developed countries."

"I think I do," responds Tuakau-based health campaigner Hilary Butler. "The groups worst affected are the children with the bare feet and green snotty noses who are having Coke for lunch and junk

food for dinner and who live in overcrowded houses where people smoke like crazy. These children's immune systems are being undermined."

In other words, we are talking about poverty issues. Although wealthy people still get the disease, the hardest-hit area is South Auckland, where poor housing, overcrowding, poor nutrition and high smoking rates have all been suggested as likely contributing factors. It could be more than coincidence that this epidemic began at the time of the welfare and



Children are at risk and in New Zealand the trend is being seen as an epidemic.

housing reforms in 1991. "The rise of meningococcal meningitis is a very sensitive indicator of what's going on in the lower socio-economic classes and what's being done because of politics or ignorance," Butler believes.

Ten years ago, a *Listener* investigation quoted international research that showed meningococcal epidemics tend to coincide with periods of war and recession. In that report, then director-general of health Dr George Salmond said, "It does tend to be a disease of Third World countries and so one has to think seriously about what are the conditions which predispose people to it, and that, in a sense, is worrisome and has to be looked into."

Unfortunately, those conditions were never "looked into" and, despite the circumstantial evidence linking the dis-

ease with poverty, nothing has been proven. As a result, doctors, conscious that the issue brings them close to that line between medicine and politics, are cautious about speaking out.

But an 18-month study started in May by the Communicable Disease Centre is seeking to answer the hard question: what is causing New Zealand's high infection rate? Researcher Dr Michael Baker says hundreds of children will be interviewed and, by 1999, the centre hopes to have identified the risk factors and figured out why Polynesian children are particularly prone to the disease.

In the meantime, the Ministry of Health has responded with a five-point strategy: identify the strain; educate the public; educate health professionals; provide preventative antibiotics to victims' friends and families; and begin a research programme. One part of the research is the CDC study, while the other is to find a

vaccine. Although there are vaccines for the A, C, W and Y strains, no one has invented one for the B strain.

Butler describes this plan as "a campaign run from behind a desk". She says that the only way to really tackle the disease is to tackle poverty at a political level and to carry a message of healthy nutrition, clean houses and non-smoking into Pacific Island and Maori communities. Vaccination, she says, is like attacking the disease with a fly swat. You may kill the fly, but the meat remains, unhealthy and susceptible to other germs.

However, everyone agrees on one thing. If someone you know comes down with a high fever, joint pains or a rash, treat it as an emergency and get them straight to a doctor. Meningococcal disease can kill quickly.

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