

neonate. Despite this group of patients theoretically being highly motivated to prevent the spread of the disease five of the 34 pregnancies were complicated by primary infection with the virus. This suggests that all men with genital herpes should be counselled about the need for screening pregnant consorts, and such couples should be advised either to abstain from sexual contact or to use barrier methods of protection from the third trimester until delivery.

We recommend that all women with a history of genital infection with herpes simplex virus should be screened during pregnancy.

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Screening pregnant women for genital herpes

Neonatal herpes is associated with a high morbidity and high mortality. Nevertheless, only 84 cases were reported in England and Wales between 1981 and 1984.¹ Most infants in whom infection with herpes simplex virus occurs have acquired the virus from the mother's birth canal during delivery.² The risk to the neonate is greatest if the mother is having her first attack at that time. Caesarean section in those with herpes at term, however, has been shown to prevent neonatal herpes.²

In order to detect herpes at term we need to screen women at risk in the obstetric population (those with primary or recurrent herpes and those whose partners have herpes). There is very little information about the use of screening for herpes in pregnancy in the United Kingdom. This study reports on the demographic characteristics, frequency of attacks in pregnancy, and outcome of pregnancy in a group of women who were screened for herpes in pregnancy.

Present study

In 1984 a screening policy for pregnant women at risk of herpes was established in the department of genitourinary medicine. This consisted of a weekly clinical examination and viral culture from the cervix and vulva from 36 weeks of pregnancy until delivery. If at the time of delivery the previous viral culture had been positive or there was clinical evidence of herpes a caesarean section was recommended. In all other circumstances the pregnancy was handled in accordance with normal obstetric practice.

Between 1984 and 1987, 78 women were screened. Their median age was 31 (range 21-41) and 64 were primiparous. One woman had a primary attack at 30 weeks, seven attended because their partners had herpes, and 70 because they were suffering a recurrent attack.

Seventeen of the 62 women with recurrent herpes in whom the outcome of pregnancy was known had a caesarean section because of herpes (table). None of the 25 women without recurrences in pregnancy had a caesarean section compared with six of the 17 with one attack and 11 of the 20 with two or more attacks ($p=0.0003$).

Comment

These findings show that over one fifth of women with recurrent genital herpes will have a caesarean section because of their illness. The more frequent the attacks the more likely the woman is to have a caesarean section. With regard to screening, however, there are several drawbacks, including

Characteristics of women screened for herpes in pregnancy

	Primary herpes (n=1)	Recurrent herpes (n=70)	Herpes in partner (n=7)
No having no or one attack in year before pregnancy	0	21	0
No having no or one attack during pregnancy (excluding delivery)	1	24	0
No with herpes at delivery	0	13	0
Outcome of pregnancy*			
Vaginal delivery	1	40	7
Caesarean section for obstetric reasons	0	4	0
Caesarean section for herpes	0	17	0
Miscarriage	0	1	0

*Excludes eight women with recurrent herpes in whom outcome unknown.

cost,³ additional patient visits, the inability to detect all infected patients (viral cultures may take up to a week, not all lesions will be culture positive, and attacks may occur between visits), and the morbidity and mortality associated with caesarean section. Also a substantial proportion of neonates will be born to mothers unaware that they are infected⁴ and who consequently will not be screened.

Is there any alternative approach? Suppressive treatment with acyclovir in late pregnancy may offer some hope. The drug is highly effective in suppressing attacks in patients with recurrent genital herpes.⁵ The efficacy and safety of acyclovir in this setting, however, will need to be assessed in carefully controlled studies.

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Death from hypothermia: are current views on causative factors well founded?

Mortality from hypothermia is a sensitive issue and is widely regarded to be associated with poor housing and heating facilities. I assessed the accuracy of this belief by carrying out a retrospective study of computerised inquest records.

Subjects, methods, and results

Deaths occurring in Sheffield and Barnsley in which hypothermia was a registered factor were analysed for the period 1981-6 in the coroner's district of South Yorkshire East (population 772 000). There were 43 deaths (mean 7.5 a year), with an equal sex incidence and mean age at death of 73.9 years. Forty deaths occurred during the period December to March. The mean minimum air temperature on the known or estimated day of death was 0.1°C and lower than the actual or long term monthly means of 1.6°C and 2.5°C, respectively. In 35 subjects hypothermia was secondary to another disease: dementia (nine), cardiovascular disease (nine), fractures (five), pneumonia (five), thyroid disease (three), gastrointestinal disease (two), schizophrenia (two), or meningioma (one). In five subjects hypothermia was secondary to alcohol or drug overdose.

Fifteen deaths occurred in subjects not living alone, of whom 12 suffered from mental illness. These were all under supervisory care (five in hospital; four at home; three in a nursing home), and in all 12 cases death occurred when the subjects wandered away from the place of supervision. The subjects' bodies were discovered between 25 minutes and 21 days (mean 4.4 days) after their disappearance within a mean radius of 1.6 miles. Bodies were discovered accidentally in five cases, by supervisory parties in four, and by the police in three. Eight subjects had been officially reported as missing. In no case were drugs taken because of the mental illness considered to have contributed to the