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EDITOR'S CHOICE

Communicable and non-communicable disease

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A clinical image would seem an obvious choice for the *BMJ*'s front cover. But each time we decide to use one we have to think an extra thought—will it upset the postal workers or readers' children? Anything remotely gory tends to cause complaints. In the past we have covered potentially alarming or offensive images with an opaque wrapper. But we felt this was unnecessary for this week's cover. I'm sure you (and the Royal Mail) will tell us if we were wrong.

Either way we hope you'll appreciate the image and read the two linked articles. They highlight the dangers of what A Fogo and colleagues call "rapidly emerging and highly pathogenic" strains of *Staphylococcus aureus* that carry a toxin called Panton-Valentine leukocidin (doi:10.1136/bmj.d5343). PVL positive *S aureus* is spreading fast, especially in North America and Australia. In Europe, L J Shallcross and colleagues say it may be under-recognised, because samples are not routinely taken in primary care (doi:10.1136/bmj.d5479).

You should look out for it in healthy adults with a history of recurrent boils, necrotising skin, or soft tissue infections. Crowded households, contact sports, gyms, and prisons are all risky settings for infection. Delayed identification can be dangerous. Untreated it can cause serious morbidity and mortality and is highly infectious. Antibiotic sensitivity tests won't distinguish between PVL positive and negative strains. The microbiology lab must be asked specifically to test any *S aureus* isolates for the PVL genes.

Questions remain as to whether we should screen and decolonise those who come into contact with infected people. The UK's Health Protection Agency recommends this action where there is recurrent infection or high risk of transmission.

On the world stage, infectious disease must take a back seat this week as government leaders and health advocates gather in New York for the UN summit on non-communicable disease. You'll find a collection of our recent coverage on bmj.com (http://resources.bmj.com/bmj/about-bmj/article-clusters) and we'll be reporting from the meeting and analysing the outputs over the next few weeks. As Tracey Pérez Koehlmoos writes (doi:10.1136/bmj.d5762), there has been much up-to-the-wire wrangling over targets and resources. "Some fear that if world leaders do not turn up with open minds and potentially open chequebooks that NCD might drop off the agenda for 10 years, especially with such tough economic times."

On the plus side is the general acceptance of the need for a whole government and whole society approach to tackling NCDs. But countering this are fears that business interests could take priority over global public health. Dariush Mozaffarian and Simon Capewell highlight the importance of dietary change and call for a framework convention on diet, similar to the one on tobacco control.

Meanwhile, Deborah Cohen asks why insulin costs so much for people in lower and middle income countries (doi:10.1136/bmj.d5782). The lack of a thriving generics market seems partly due to strong brand marketing from the three leading insulin producers. Their pitch is for intensive glucose control in type 2 diabetes, combined with promotion of insulin analogues rather than cheaper human insulin. These approaches are not supported by the evidence and are being inadequately challenged by compromised patient groups.

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