

Journal Watch

Editor: Dr Mike Townend

Can *E. coli* fly? The role of flies as transmitters of *Escherichia coli* to food in an urban slum in Bangladesh.

Lindeberg YL, Egedal K, Hossain ZZ *et al.* *Trop Med & Int Health*. DOI: 10.1111/tmi.13003

The objective of this paper was to investigate the transmission of faecal bacteria by flies to food. Over a period of two months exposed and non-exposed containers containing cooked rice were placed on the ground in kitchen areas in an urban slum area in Dhaka, Bangladesh, and the numbers of flies landing on the exposed rice were counted. The surface of the rice was then analysed for the presence of *E. coli* and genes of diarrheagenic *E. coli* and *Shigella* strains. It was found that rice was at significantly greater risk of being contaminated with *E. coli* if flies landed on the rice than if no flies landed on the rice. Genes of diarrheagenic *E. coli* and *Shigella* species were detected in 65% of exposed rice samples.

Comment

Although this work was carried out in households in a slum area, its findings are relevant to the health of travellers in resource-poor countries. Food left exposed to flies in whatever setting, be it in a restaurant buffet or at a street stall, is a potential source of infection with organisms causing diarrhoea.

McKee M, Stuckler D. Health and Wealth in the United States and England—Two Very Different Countries With Similar Findings

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Many Britons visit the USA annually. If they become ill while there, they may have very different experiences of emergency health care, dependent on the admitting state or private hospital, usually determined by travel health insurance status. Like in the UK, the quality of care is affected by geographic location and varies markedly from state to state, city to city and within city environs. The traveller is exposed to the best and worst of the local state-provided or community health service which may be very different from the universal provision of the NHS. What care can the tourist expect if illness or accident befalls them in the US? Travel Health professionals and visitors should be aware of the differences and the similarities between the two countries and this article is searching consideration of the strengths and weaknesses of two systems and their effect on patients and the population.

Although superficially they have much in common, health and social policy in the United States and Britain differ greatly. The latter, despite limitations and criticism provides universal health coverage; notwithstanding the achievements of the Affordable Care Act, the United States does not. Britain has retained strong social safety nets. Welfare in the United States is much less generous and, although those reaching 65 years can look forward to a range of benefits, support for the young is mean. But what do these differences mean for the health of those living in each country and for visitors who need emergency care? The authors ask this question and draw thought-provoking conclusions.