

In the bleak mid-winter...



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We are now coming out of the winter and the cost of fuel is astronomical. This is not the only thing that has been on the increase though. We have also seen a major rise in the incidence of norovirus. It started in Australia, and approximately 1.2 million people across England and Wales have had sickness, diarrhoea and cramps as a result of norovirus. The Health Protection Agency (HPA) has reported that there have been 4140 confirmed cases of norovirus this winter, but for every reported one, approximately 288 are not diagnosed (Health Protection Agency, 2013a). Dr David Brown, Director of the Virology Reference Department at the HPA stated (Health Protection Agency, 2013b):

“There is no specific treatment for norovirus infection other than to allow the illness take its course, with symptoms usually lasting approximately two days. Keeping hydrated is very important and you can take over-the-counter medicines to relieve headaches and aches and pains.”

Norovirus is highly contagious and can be transmitted via contact with an infected person, contact with contaminated surfaces and objects, or consumption of contaminated food or water. The virus can spread rapidly in closed environments such as schools, hospitals and nursing homes. Symptoms include the sudden onset of vomiting, diarrhoea, or both, and in some cases, a temperature, headache and stomach cramps. There have been no long-term effects reported, and the illness resolves in 1 to 2 days (Health Protection Agency, 2013b).

This kind of virus, or any infection, can be a horrible experience for anyone but it becomes even more problematic if you have an underlying medical condition such as diabetes. As you are aware, education in how to manage diabetes during intercurrent illness is crucial for both people with diabetes and healthcare professionals, as well as those caring for people with diabetes in such institutions as care homes, prisons and young offenders units.

Most people with diabetes receive education at diagnosis, which often includes information concerning what to do when you are ill; however, it is rarely needed at that time. Unfortunately, when this information is needed, it has often been forgotten. Although people with diabetes do not necessarily become ill more often than people without diabetes, if their condition is not adequately controlled, they may be more prone to particular infections (American Diabetes Association, 1998). They may also respond differently to illness depending on the type of diabetes they have and the illness they are experiencing.

In this issue of the journal, you will find your copy of the newly published document entitled “*Managing diabetes during intercurrent illness in the community*”. This document is the second piece of work from the collaboration of TREND-UK and NHS Diabetes. It is aimed at all people who care for those with diabetes, and will also soon be available online to download from www.trend-uk.org.

The document contains information on the effect of illness on diabetes generally and diabetes medications, as well as food replacement suggestions and a treatment-adjustment algorithm for people who take insulin therapy. The main aim of this document is to raise awareness about the potential problems that can arise even from the “common cold”, and keep people with diabetes safe during common illnesses and avoid unnecessary hospital admissions. A TREND-UK “*Understanding Diabetes*” series patient information leaflet with similar information will also be available soon. ■

American Diabetes Association (1998) Standards of medical care for patients with diabetes mellitus. *Diabetes Care* **21** (Suppl 1): 23–31

Health Protection Agency (2013a) *HPA update on seasonal norovirus activity: 8 January 2013*. HPA, London. Available at: <http://bit.ly/12yepq1> (accessed 07.02.13)

Health Protection Agency (2013b) *New strain of norovirus: 9 January 2013*. HPA, London. Available at: <http://bit.ly/U3Xx4o> (accessed 07.02.13)