starting point, improved coordination of data on infection across Europe will be needed.

The WHO-European Centre for Environment and Health working group on the early implications of climate change for human health has identified four priority infections for surveillance during climate change in Europe:

- *Campylobacter* spp
- *Cryptosporidium parvum*
- Malaria
- Tick borne encephalitis.¹⁸

The table lists other criteria that are important for a comprehensive pan-European surveillance initiative in addition to known or suspected linkages with climate and weather. Infections imported to Europe, such as cholera or malaria, may also prove important in monitoring the effects of climate change outside Europe and also the implications for travellers. The effect of extreme weather events such as heatwaves, weather related episodes of air pollution, and floods need to be included in the enhanced surveillance for the assessment of future impacts. There is also a need to link health surveillance activities with global monitoring systems that are being developed for the climate, oceans, and earth's surface.³⁰

Conclusion

The potential difficulties in forecasting impacts on the health of the human population should not be an excuse to delay precautionary action to reduce greenhouse gas emissions in view of the inadequate progress made in international negotiations on climate change.

Few countries in Europe have undertaken national or subnational assessments on the impacts of climate change on human health.^{31 32} There is an urgent need to consider how to improve research and monitoring, how to minimise adverse health impacts, and how to achieve Europe-wide coordination, sharing of information, and participation in wider international efforts in this area.

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A lesson learnt Pride before a fall

As a newly qualified doctor and with a first job as casualty officer I saw a boy of 14 with a tender swelling in his left groin. I diagnosed an inflamed lymph node and asked him if he had a sore wound or spot on his leg or foot. He said yes, on his knee. This seemed to be a good teaching point, and, flushed with the success of my apparent clinical acumen, I sent for the two student dressers. On examining the patient, one suggested a femoral hernia; the other wondered about a lymphosarcoma. I said I thought that it was simply an infected lymph node and asked

them what questions they should put. There was no immediate response so I said that they should ask the boy if he had any sore spots or cuts on his leg. Anticipating gasps of appreciation I proceeded to roll up the patient's left trouser leg. Alas, as I began this manoeuvre the boy said, "The spot's on the other leg, Doctor." This was my first clinical "shock" and proved a salutary lesson that cured me of over confidence for life.

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