ever, caution that doctors may be required to justify their actions when confidentiality may be breached.

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Needle exchange programmes should do more to prevent transmission of hepatitis C virus

EDITOR,—The debate on whether asymptomatic people at high risk of hepatitis C should be screened shows that, whether we agree with screening or not, until more effective treatment becomes available the most appropriate strategy is prevention.¹ The largest group of people who are at risk of hepatitis C are those who continue to inject drugs. Needle exchange programmes may have reduced the risks; however, a project in Amsterdam found no change in the seroprevalence of hepatitis C among drug users over a five year period when it introduced needle exchanges to prevent the transmission of HIV.

Hepatitis C virus can probably survive for much longer in dried blood outside the body than can hepatitis B virus or HIV. It has been identified (in the form of viral RNA, because the virus cannot be cultured) from needles and injecting paraphernalia for up to three months after use.² Evidence from studies of accidental needlestick injuries suggests that the amount of virus required for infection to occur is small.³

As the seroprevalence of hepatitis C among drug users is high, at about 80%, and the rate of chronic carriage of the virus is high⁴ a user may need to use drugs only once before he or she is exposed to the virus. Many users, when using drugs for the first time, are indoctrinated by someone else. Only one episode of sharing is needed to be potentially exposed to the virus. At present, most needle exchanges provide only clean needles and syringes. Water for injection, filters, or other paraphernalia needed for clean injecting cannot be supplied.

In the light of the increasing knowledge, should we look again at what needle exchanges can provide now that hepatitis C (and perhaps infections due to as yet unknown viruses) has become such an enormous threat?

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Testing to check success of treatment to eradicate *H pylori*

EDITOR,—Two letters¹ comment on our paper assessing the use of dyspeptic symptoms as a test for eradication of *Helicobacter pylori*² and cite work that is supposedly at variance with our results.^{3,4} The authors fail, however, to appreciate important differences between these studies and our paper. Both of the quoted studies inves-

tigated patients with duodenal and gastric ulceration,^{3,4} whereas we studied only patients with uncomplicated duodenal ulceration. Patients with haemorrhage and perforation were included in one of the studies,⁴ while no data on these patients were provided in the other.³

The study by Reilly *et al*³ differs from ours in several other ways, which makes direct comparison of results difficult. Firstly, the patients were assessed after a variable interval, the lower limit being 85 days. Thus sufficient time may not have elapsed for dyspeptic symptoms to resolve after successful eradication of *H pylori*. Secondly, it is not known how the recurrence of dyspeptic symptoms correlated with recrudescence or reinfection with *H pylori* as the carbon-13 labelled urea breath test was not repeated.

Although Powell *et al* reported that 12-18% of patients with peptic ulcer used ulcer healing treatment in the year after successful eradication of *H pylori*,⁴ they also showed that only three (3%) patients were using such treatment for a recurrence of ulcer symptoms. Of 66 patients with peptic ulcer who were positive for *H pylori* and were followed up for 12 months,⁴ two developed bleeding and two were admitted to hospital with abdominal pain. Importantly, a quarter of these patients had a history of ulcer haemorrhage and were therefore at high risk of rebleeding. We specifically excluded such patients in our study. K Bodger and R V Heatley state that excluding patients with a history of complications will not remove the possibility of patients presenting with severe symptoms or complications.¹ Even after eradication is confirmed by conventional tests, however, this possibility cannot be entirely excluded.

Most patients with uncomplicated duodenal ulcer disease in whom *H pylori* is successfully eradicated will gain a remission of their ulcer symptoms, and we maintain that there is little point in these patients undergoing testing to confirm eradication. Symptomatic patients should be allowed to use antacids or H₂ receptor antagonists as required; their wellbeing does not need to be compromised.¹ If they remain symptomatic six months after eradication treatment then their *H pylori* status can be verified with conventional tests.

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General practice fundholding has improved services

EDITOR,—Sarah Stewart-Brown and colleagues should have given more thought to their description of the methodology used by the Audit Commission for its report on general practice fundholding.¹ Far from visiting "a large number of fundholding practices, family health services authorities, district health authorities, and trusts to collect qualitative data," the commission's staff visited only 56 of the 2200 practices that

were fundholding practices at the time (there are now 3600), 15 family health services authorities, and 12 trusts. This very small sample is a major criticism that my association has of the report. Other survey data were collected in 1993-4 and 1994-5. In short, the report reflects the situation 18 months ago and therefore does not include the latest wave of fundholders. In the meantime, fundholding has moved on and practices have broadened the scope of purchasing and management of their patients' care.

The National Association of Fundholding Practices conducted its own survey among general practice fundholders between September and October last year. Altogether 539 responses were received (60% of the total membership). A précis of that survey has just been published.² It showed, among other things, that 437 respondents had developed new services, 431 consulted patients over purchasing plans, 426 had improved quality, 361 were providing more treatment than originally planned, 334 had moved a contract away from a traditional provider, 330 thought that their ability to deliver general medical services had improved, and 216 complained that changes in providers' prices were made after their budgets were set.

Our survey shows that general practice fundholding is improving the number of services and the quality of care for patients. The aims of the NHS reforms were to put patients first. Fundholding is achieving that objective. Indeed, this is acknowledged by the Audit Commission in the many positive comments that it makes in its report.

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Reduction in sudden infant death syndrome may be due to parents checking their babies more often

EDITOR,—Christine M H Hiley and Colin J Morley show that the continuing fall in the incidence of the sudden infant death syndrome in Cambridge in 1993 was strongly associated with the increased proportion of babies who slept in the supine position.¹ In the same issue A S Douglas and colleagues speculate about why prone sleeping is a risk factor for the syndrome, linking it with less exposure of the eyes to light and interference with the maturation of mechanisms of the photoneuroendocrine system.² Is there a simpler explanation for the protection associated with supine sleeping?

Two years ago, one of us (DPD) suggested that publicity to place babies to sleep on their backs could be having another effect on parental behaviour—that babies were being checked more often and left alone much less than previously.³ Perhaps these practices would enable signs of illness to be detected earlier and provide a richer sensory environment to help the baby through any difficult transition in the control of breathing.⁴ The benefit of these practices, it was suggested, could even be a proxy for back or side sleeping.³ (In many populations in which the syndrome is uncommon not only are babies laid on their backs but they are also looked after in rich sensory environments.) Hiley and Morley found that in 1993 a greater proportion of babies slept in their parents' bedroom at later ages and slept in the parental bed, which suggests that mothers could have been observing their babies