Kurds were suspects as far as the regime was concerned. This is exactly what the Turkish government thinks of its Kurdish people: every Kurd is a suspect and terrorist.

The number of Kurdish people coming to Britain as asylum seekers has increased since the escalation of Turkish military and police operations in Kurdistan. Many of them have been imprisoned and tortured, and they have been subjected to or have witnessed other kinds of state organised violence. Many have lost families, friends, jobs, status, and belongings. The impact of these traumatic life events and losses must be considerable on their mental health and social functioning. General practitioners and psychiatrists therefore need to be aware of the histories of their Kurdish patients. The plight of Kurdish people should not be forgotten.

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1 Milroy CM. A secret and dirty war. *BMJ* 1994;309:135. (9 July.)

Immunity to viral infections among medical students in London

EDITOR,—Those responsible for students' health (for example, occupational health departments) frequently seek advice about immunity to viral infections among medical students. We therefore tested serum obtained between 1988 and 1990 from 199 first year students at the United Medical and Dental Schools of Guy's and St Thomas's Hospitals (St Thomas's campus) for antibodies to measles, mumps, rubella, herpes simplex, varicella zoster, and hepatitis A viruses and to cytomegalovirus. The table gives the techniques used and results obtained.

The prevalence of antibodies to rubella virus among our female students (99%) confirms the success of the British rubella vaccination programme for schoolgirls.¹ Among the male medical students, however, 17% were susceptible to rubella virus. Recent outbreaks of rubella among young men and boys² confirm the importance of immunisation for susceptible male medical and dental students, as is now our practice here. The high prevalence of antibodies to mumps virus (98%) must be due to naturally acquired infection because measles, mumps, and rubella vaccine was introduced for preschool children in Britain only in 1988.

The prevalence of antibodies to herpes simplex virus among our students was only 23%. In contrast, a study conducted in the early 1960s reported a prevalence of 36-48% among medical students and suggested that the prevalence in this age group had declined from that found 12 years earlier.³ Our results suggest a continuing decline in the incidence of herpes simplex in childhood, probably because of improved socioeconomic conditions. Susceptible students are at risk of

acquiring primary herpes simplex occupationally; this infection may be severe but may be avoided by use of infection control measures, which students should therefore be taught. Results of our previous study of antibodies to herpes simplex virus types 1 and 2 among antenatal patients in west London suggest that over 95% of seropositive students will have antibodies to only type 1.⁴

Altogether 71% of our students were susceptible to cytomegalovirus. Nevertheless, although cytomegalovirus infection is common, it should not be acquired occupationally if infection control measures are in place. It was encouraging to find that most students were immune to varicella zoster virus as the Department of Health recommends that susceptible staff and students should be redeployed or removed from duty 8-21 days after exposure to patients with varicella or shingles. Miller *et al* suggested that the proportion of susceptible adults in Britain is increasing,⁵ but this was not reflected in our population. The prevalence of antibodies to hepatitis A virus among our medical students fell from 14% in 1980 to 7% in 1988-90. This low figure emphasises the importance of protecting students who travel to areas in which the virus is endemic (for example, on electives) by active immunisation. Prior screening for antibodies to hepatitis A virus would not be cost effective for this group.

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- 1 Banatvala JE, Best JM. Rubella vaccines. In: Zuckerman AJ, ed. *Recent developments in prophylactic immunization*. Lancaster: Kluwer Academic, 1989:155-80.
- 2 The resurgence of rubella? *CDR Weekly* 1993;3(9):40.
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Hepatitis B and health care workers

EDITOR,—Clare Dyer¹ misinterprets the British health departments' guidelines concerning hepatitis B.² Only health care workers who are positive for hepatitis B e antigen should be barred from operating; carriers who are not positive for

hepatitis B e antigen need not be barred unless they "have been associated with transmission of hepatitis B to patients."²

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- 1 Dyer C. Surgeon pleads guilty to risking patients' health. *BMJ* 1994;309:292-3. (30 July.)
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Hepatitis C and injecting drug use in prisons

EDITOR,—The debate about the risk of HIV transmission among injecting drug users in prison has completely overshadowed any discussion of the parallel threat of hepatitis C. In 1992 there were estimated to be 12 550 addicts in British prisons.¹ The recent outbreak of hepatitis B and HIV in a Scottish jail has clearly shown that high risk behaviours are widespread in prisons and young offenders' institutions.²

Tests for antibodies to hepatitis C virus have become available more recently than those for antibodies to hepatitis B virus and HIV. The prevalence of hepatitis C among populations of injecting drug users around the world has already been shown to be high, ranging from 57% to 86%.³

We measured antibody to hepatitis C virus in 157 injecting drug users in Mid Glamorgan whose history of imprisonment was known. Of those with a history of imprisonment, 34 out of 74 (46%) had antibodies compared with 24 out of 83 (29%) of those with no history of imprisonment ($\chi^2=4.87$, $df=1$, $P<0.05$). This supports previous positive findings of such a link in Australia and the United States.^{4,5}

The uncontrolled spread of HIV between prisoners, and subsequently into the general population, may threaten the government's hitherto largely successful HIV control programme.¹ Any efforts to prevent further spread of hepatitis C will need to overcome the same difficulty. Prisoners are still largely denied access to condoms, cleaning agents, and prescribed drugs, despite the recommendations of the government's advisory committee on the misuse of drugs. Greater awareness of the prevalence of hepatitis C among injecting drug users may give further impetus to the development of appropriate prison programmes. Antibodies to hepatitis C virus should be determined in future studies of high risk behaviour in prisons, both as a measure of the greatest current risk to public health in this group and perhaps as the most plausible available model for the future spread of HIV.

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Prevalence of antibodies to various viruses among medical students

Virus	Test used	No seropositive/No tested (%)†		
		Male	Female	Total
Measles	Haemagglutination inhibition‡	111/113 (98)	78/80 (98)	189/193 (98)
Mumps	Radial haemolysis‡	112/114 (98)	79/81 (98)	191/195 (98)
Rubella	Radial haemolysis‡	97/117 (83)*	81/82 (99)	178/199 (89)
Herpes simplex	Indirect immunofluorescence	21/94 (22)	19/70 (27)	138/164 (23)
Cytomegalovirus	Enzyme immunoassay	31/94 (33)	16/70 (23)	47/164 (29)
Varicella zoster	Enzyme immunoassay	108/111 (97)	74/77 (96)	182/188 (97)
Hepatitis A	Enzyme immunoassay	7/94 (7)	3/71 (4)	10/165 (6)

†Insufficient serum was available from some students for all tests.

‡Serum was retested by enzyme immunoassay when negative or equivocal results were obtained.

*Difference in prevalence between male and female students was significant ($P<0.01$).

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- 4 Crofts N, Hopper JL, Bowden DS, Breshkin AM, Milner R, Locarnini SA. Hepatitis C virus infection among a cohort of Victorian injecting drug users. *Med J Aust* 1993;159:237-41.
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