

Diseases old and new

In this issue, there are examples of diseases old and new and the challenges they pose for our health system. Ellis and colleagues describe the effects of COVID-19 in one of the most vulnerable populations — aged care residents. They examined the factors associated with hospitalisations and deaths during the Omicron (BA.1) wave between December 2021 and January 2022 in Queensland during a critical time — the first six weeks of easing interstate border restrictions. In the six-week study period, about 12% of aged care residents were diagnosed with COVID-19, and 12% of residents with COVID-19 died. This case fatality rate was much lower than reported for aged care facilities earlier in the pandemic but much higher than the 4.7% case fatality rate for Australia during the study period for people aged 80 years or more. The findings reinforce how much more deadly COVID-19 is compared with influenza outbreaks in similar populations (4–4.5%). They also show the importance of vaccination — having received three COVID-19 vaccine doses was associated with much lower likelihood of hospitalisation or death (doi: [10.5694/mja2.51813](https://doi.org/10.5694/mja2.51813)). In a linked editorial, Gilbert notes that we are a long way from control of transmission of COVID-19 — in aged care or elsewhere — and observes that “it is not unreasonable to ask whether more could have been (and still should be) done to protect [aged care residents] from the dual risks of exposure and loneliness” (doi: [10.5694/mja2.51843](https://doi.org/10.5694/mja2.51843)).

Insight into another new disease is provided by Stewart and colleagues in their description of the clinical and molecular characteristics of the first case in Queensland of mpox (formerly known as monkeypox) and its differential diagnoses. It's a timely reminder for clinicians of the need for vigilance with unusual presentations (doi: [10.5694/mja2.51842](https://doi.org/10.5694/mja2.51842)).

Meanwhile, Xiao and colleagues compare three scenarios to assess the cost-effectiveness of universal hepatitis B screening. They conclude that “Universal screening for hepatitis B will be cost-effective only if the cost of testing is kept low and people receive appropriate clinical management” (doi: [10.5694/mja2.51825](https://doi.org/10.5694/mja2.51825)). In a linked editorial, Tran and Cowie reinforce this, concluding that universal testing will save hundreds of Australian lives each year but that “Testing alone cannot achieve the desired individual or public health outcomes” (doi: [10.5694/mja2.51848](https://doi.org/10.5694/mja2.51848)).



A reminder that even older diseases continue to have a substantial burden is provided by Aung and colleagues in their research letter showing that 1063 men and 312 women were admitted to Australian hospitals between 2007 and 2020 with neurosyphilis. They conclude that “Raising awareness of neurosyphilis in primary care is important for timely diagnosis and referral” (doi: [10.5694/mja2.51830](https://doi.org/10.5694/mja2.51830)).

Finally, in their narrative review, Loi and colleagues report on what is emerging as one of the most challenging modern diseases, and one which will pose challenges across our health system — young-onset dementia. They conclude that “young-onset dementia needs to be age-appropriate and multidisciplinary, with timely access to services and consideration of the family (including children)” (doi: [10.5694/mja2.51849](https://doi.org/10.5694/mja2.51849)). It's a timely reminder that even as we need continued vigilance for infectious diseases, we must invest across the spectrum of disease management. ■

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doi:10.5694/mja2.51853