Our data support the view that healthcare vaccination against influenza is a useful intervention and that steps to reduce unwarranted variation in vaccination rates will be worthwhile. ■

MIGUEL PEREIRA
Research fellow,
National Heart and Lung Institute, London, UK

SIÂN WILLIAMS
Programme manager,
London Respiratory Network, London, UK

LOUISE RESTRICK
Consultant chest physician,
London Respiratory Network and Whittington Health, London, UK

PAUL CULLINAN
Professor of occupational and environmental respiratory disease,
National Heart and Lung Institute, London, UK

NICHOLAS S HOPKINSON
Reader in respiratory medicine,
London Respiratory Network and NIHR Respiratory Biomedical Research Unit,

Royal Brompton and Harefield NHS Foundation Trust and Imperial College London, UK

References

1 Pereira M, Williams S, Restrick L, Cullinan P, Hopkinson NS. Healthcare worker influenza vaccination and sickness absence – an ecological study. *Clin Med* 2017;17:484–9.
2 Ritchie KA, Macdonald EB, Gilmour WH, Murray KJ. Analysis of sickness absence among employees of four NHS trusts. *Occup Environ Med* 1999;56:702–8.
3 Elder AG, O'Donnell B, McCruden EA, Symington IS, Carman WF. Incidence and recall of influenza in a cohort of Glasgow healthcare workers during the 1993–4 epidemic: results of serum testing and questionnaire. *BMJ* 1996;313:1241–2.
4 Schanzer DL, Zheng H, Gilmore J. Statistical estimates of absenteeism attributable to seasonal and pandemic influenza from the Canadian Labour Force Survey. *BMC Infect Dis* 2011;11:90.
5 Carman WF, Elder AG, Wallace LA *et al.* Effects of influenza vaccination of health-care workers on mortality of elderly people in long-term care: a randomised controlled trial. *Lancet* 2000;355:93–7.
6 Potter J, Stott DJ, Roberts MA *et al.* Influenza vaccination of health care workers in long-term-care hospitals reduces the mortality of elderly patients. *J Infect Dis* 1997;175:1–6.
7 Lemaitre M, Meret T, Rothan-Tondeur M *et al.* Effect of influenza vaccination of nursing home staff on mortality of residents: a cluster-randomized trial. *J Am Geriatr Soc* 2009;57:1580–6.
8 Hayward AC, Harling R, Wetten S *et al.* Effectiveness of an influenza vaccine programme for care home staff to prevent death, morbidity, and health service use among residents: cluster randomised controlled trial. *BMJ* 2006;333:1241.
9 Ahmed F, Lindley MC, Allred N, Weinbaum CM, Grohskopf L. Effect of influenza vaccination of healthcare personnel on morbidity and mortality among patients: systematic review and grading of evidence. *Clin Infect Dis* 2014;58:50–7.

Comment on CME Infectious diseases

Editor – The recommendations for testing for some sexually transmissible infections vary across the scenarios discussed in the CME Infectious diseases section of *Clinical Medicine*, volume 18, issue 2, April 2018.

HIV testing is recommended in pyrexia of unknown origin[1] and in acute meningitis[2] but for acute encephalitis, the advice is to establish 'risk factors for HIV infection'.[3] This may be problematic in an encephalopathic patient; even patients with intact sensoria may conceal (or be unaware of) risk factors for HIV. Encephalitis is a recognised complication of HIV seroconversion as well as advanced disease. For some years syphilis has been the fastest increasing sexually transmitted disease in the UK. No advice to test for syphilis is given even though neurological involvement, including meningitis, is a recognised complication in early and late disease. I wonder if recommendations for testing for these entities in these areas should be reconsidered? ■

HUMPHREY DL BIRLEY
Consultant in sexual health, Royal Gwent Hospital, Newport, UK

References

1 Fernandez C, Beeching NJ. Pyrexia of unknown origin. *Clin Med* 2018;18:170–4.
2 Griffiths MJ, McGill F, Solomon T. Management of acute meningitis. *Clin Med* 2018;18:164–9.
3 Ellul M, Solomon T. Acute encephalitis – diagnosis and management. *Clin Med* 2018;18:155–9.

Response

We welcome this comment regarding our CME articles on encephalitis and meningitis. As we suggest on p 156 of the article about acute encephalitis, 'all patients with suspected brain infection should have an HIV test'. This view is also supported by national guidelines on encephalitis and meningitis.[1,2] We agree that testing is vital in this patient group, as not only can meningoencephalitis occur at HIV seroconversion, but HIV infection also widens the potential differential diagnosis of neurological infections. We suggest that it is also valuable to establish risk factors for HIV infection during history taking, as in the period of acute HIV infection diagnostic testing may be negative. However, we agree that this is not always possible, either due to encephalopathy or patient reticence.

We also agree that syphilis testing is indicated in selected cases of encephalitis and meningitis, particularly in those with exposure history, subacute or chronic meningitis, infarcts or cranial nerve involvement. ■

MARK ELLUL
Specialist registrar in neurology,
The Walton Centre NHS Foundation Trust, Liverpool, UK

Clinical research fellow,
Institute of Infection and Global Health, University of Liverpool, UK