

Learning from the past rather than living in it

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Post-pandemic lessons continue to be offered and learned. One of the RCP's crown jewels is the Harveian Oration and we present here the text of the most recent Oration, delivered by Professor Dame Anne Johnson.¹ Drawing on the HIV pandemic over 40 years ago, the presentation outlines the changes whose impact is still felt today. From public activism to improved surveillance diagnostics and rapid development of clinical trials, she outlines 10 legacies from the HIV pandemic that have influenced not only the control of HIV itself, but also broader aspects of medicine. The implications from these lessons as we face emerging infectious diseases are beautifully elucidated in the lecture.

A key surveillance measure during the COVID-19 pandemic was temperature monitoring. Accuracy of temperature measurement is vital in the early identification of active COVID-19 as well as sepsis generally, and has a major impact on decision-making about patient isolation and antimicrobial therapy. Holder *et al* report a study in a hospital setting comparing three different non-invasive temperature measuring devices against a gold standard.² In addition to data on comparative accuracy, they also identify the ideal conditions in which to make measurements. They identify the factors that affect the performance characteristics of the available devices, the difference between self-performed versus staff-undertaken testing and also the influence of seasonal variation on results obtained. Meanwhile, the lateral flow test (LFT), based on the binding of conjugated antibodies to SARS-CoV-2 target antigen, became ubiquitous during the pandemic. Krishnamoorthy *et al* review the literature on the sensitivity and specificity of LFTs.³ The study's large sample size gave power to the authors' conclusion about specificity and sensitivity of LFTs, and reassurance regarding consistent diagnostic performance. These two papers have implications on how surveillance diagnostics are used in future phases of the COVID-pandemic.

The safety of blood and its components has been especially under the spotlight during the ongoing Infected Blood Inquiry. Information about how transfusion-transmitted infections are evaluated and how screening is actioned by the blood services is of importance to all clinicians. A paper in this issue by Neuberger *et al* summarises this and points to the need for better awareness of the often-missed clinical presentations of transfusion-transmitted viruses.⁴ The manuscript also outlines the existing frameworks and strategies to ensure the safety of blood. Clinician responsibility for reporting any potential transfusion transmitted infection is key in the context of technological and societal change.

The interface between core updates and clinical conundrums is picked up in this month's CME topic, endocrinology. Beyond definitive reviews on thyroid disease in pregnancy,⁵ neuroendocrine tumours⁶ and adrenal insufficiency,⁷ there are vital articles on the common clinical scenario of how to deal with incidental radiological pick up of abnormalities in the pituitary⁸ and adrenal.⁹

A final manuscript to highlight on the theme of moving forward is the joint statement from the RCP and the National Institute for Health and Care Research on the future strategy for health and care research.¹⁰ The interconnected implications for trusts, funders and regulators is carefully described, and should be vital reading for all colleagues, given the core message of broadening research to all interested participants rather than being the preserve of the few. ■

Anton Emmanuel
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