

‘Tis the season

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Remembering the line from the Noel Coward song “Mad dogs and Englishmen go out in the noonday sun,” we are warned that summer is a time for being in the great outdoors with family and friends but also a time for unusual illnesses. Summer presents an “opportunity” for clinicians to sort through our atlases of rashes and to look up the management of heat related illnesses, but this issue of the *Journal* highlights 2 rarer but quite serious consequences of mosquitoes and ticks that should be on our minds when the bugs are out (Pfeiffer CD, Kazmierczak JJ, Davis JP. Epidemiologic features of human Babesiosis in Wisconsin, 1996-2005. *WMJ*. 2007;106(4):191; Sotir MJ, Glaser LC, Fox PM, et al. Endemic human mosquito-borne disease in Wisconsin residents, 2002-2006. *WMJ*. 2007;106(4):185).

While diseases such as Lyme and Rocky Mountain Spotted fever are better known, the less well-known zoonoses such as West Nile and Lacrosse viruses and babesiosis continue to spread across the country. These diseases are now the stuff of community practice. And their presence, as described in these articles, is growing in the state and region. The practicing community has the dual obligation to consider the unusual in patients we see with summer illnesses and, should we encounter them, reporting them to State Health Departments so work such as that reported in this issue of the *Journal* can continue to inform us about future risks. As one of my teachers once remarked, the most dif-

ficult task in medicine is to sort out the uncommon from the common cold. There are now even more uncommon illnesses to be wary of.

Doing the right thing

Why is doing the right thing so hard sometimes? Medical practice is trying to be more responsive to the science of evidence and the adoption of best practices. The *Journal* publishes an ongoing series on Evidence Based Practice (Fett N, Smalley R, Kiehn K, Feldstein D. Clinical use of evidence-based medicine: studies used to assess harm. *WMJ*. 2007;106(4):181). Concerns about both safety and quality have been behind the growing movement to develop evidence based guidelines and emphasizing best practices.

But changing behavior, particularly behavior based on long-standing beliefs and IGBO’s (I Got Burned Once), is difficult indeed. The article by Sartin and colleagues (Sartin JS, Rydmark TF, Robinson JF, Michels MA. Implementing CAP guidelines: impediments and opportunities. *WMJ*. 2007;106(4):205) highlights a well designed and researched attempt to use evidence based guidelines in the Gunderson Lutheran Medical Center to treat patients hospitalized for Community Acquired Pneumonia. The program was successful but, as the article described, it wasn’t easy. It rarely is.

Another article by Sabnis, Pomeranz, and Mao (Physician beliefs and practices regarding the use of hepatitis A vaccine. *WMJ*. 2007;106(4):211)

describes the wide range of attitudes that physicians have regarding use of Hepatitis A vaccine in children. New vaccine guidelines seem to be issued every 6 months and some of us wonder whether children are taking on the appearance of pincushions. But primary prevention with vaccines are among the most effective methods of prevention in existence. Anyone who has been in practice for more than a decade has experienced how what was a standard of care 10 years ago, now is not. Evidence based practice has to change as the evidence changes. But concerns about risk, cost, and unknown long-term effects always come into decisions about adding immunizations, so any program that seeks to increase the “take” in the physician community has to address those issues.

Finally, Rezkalla and Ahmed (Management strategies for ST-elevation myocardial infarction in the emergency department. *WMJ*. 2007;106(4):219) take another slant on doing the right thing by synthesizing data on management of myocardial infarction into a guideline that includes variables such as time to a facility with interventional capabilities. Wisconsin is a rural state and EMTs in rural communities may have a different set of evidence based guidelines than those in metropolitan areas. As the salesman in “The Music Man” says, “you gotta know the territory,” and doing the right thing for any regional emergency medical system means knowing the territory, understanding the guidelines and their time-related criteria, and acting accordingly.

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