I find this issue of the Journal to be generally consciousness-raising. The articles concerning infectious disease are particularly illuminating, focusing on a variety of topics both familiar and exotic.

In addition to the disease-focused papers, we have a few timely articles. First off is Governor Doyle’s November 2005 announcement of the state’s Electronic Medical Record initiative, which provides the background for the development and functions of the eHealth Care Quality and Patient Safety Board, which will, doubtless, affect all of our practices in the coming years (p 15). Dr Hanrahan and his colleagues then expand on Governor Doyle’s Executive Order and introduce us to the world of Medical Informatics, its sections, and the inevitable alphabet soup (RHIO, HIT, PHIN, WHIE, etc.) that seems to accompany every bureaucratic innovation (p 16). In addition, they outline how everything is projected to work.

Starting off the thematic papers is Doctor Belongia’s thoughtful invited editorial, which—in reaction to Schumann, Hoxie and Vergeront’s study of the pneumonia and influenza mortality in Wisconsin (p 40)—discusses the issue of immunization against both diseases in the young and elderly is still advisable. Our second invited editorial, by Dr Shukla, (p 25) provides an introduction to the rising incidence of community-acquired methicillin-resistant Staphylococcus Aureus (CA-MRSA) and the fact that we ought to take apparently “benign” skin infections more seriously. Drew, Temte, and Fox provide a more extensive description of CA-MRSA and suggestions as to what we should be doing about it (p 52). Shukla believes the problem is serious enough to warrant the establishment of a statewide surveillance system.

Two interesting peer-reviewed articles provide an update on the current status of Hepatitis C infection in Wisconsin. Hurie and her colleagues estimate there are approximately 85,000 infected Wisconsin citizens, 60%-80% of whom are going to progress to chronic infection with cirrhosis, fibrosis, and worse afflictions (p 30). After outlining prevention and control measures, the authors list resources available to patients and clinicians, as well as providing a brief description of the current (costly) recommended treatment. Gasiorowicz and her colleagues point out that the number of Hepatitis C cases is roughly similar to the number of people in Wisconsin who have ever had a stroke (p 34). Hepatitis C also accounts for approximately half the liver transplants performed in the state. Not a condition to be sneezed at.

The issue of adolescent and adult H Pertussis infection and the problems it causes are discussed in the lucid discourse on the subject by Doctors Agger and Naik (p 47). They provide a brief description of possible diagnostic and management possibilities before coming out strongly in favor of including routine immunizations in those age groups.

Two interesting and somewhat exotic case reports follow. Lee et al describe a young man with a paraparesis caused by blastomycosis (p 58) and Balasubramanian et al detail a case of Pneumocystis carinii pneumonia and pleural effusion in a renal transplant patient, the first known HIV negative case in the literature (p 62).

Finally, please join me in welcoming Rachel Berens-VanHeest as managing editor of the Journal. Formerly associate editor, Ms Berens-VanHeest replaces Kendi Parvin, who will still be involved in the Journal (albeit to a much lesser degree) through her role as Communications Director of the Society. I have had the pleasure of working with Rachel for more than three years and have come to respect her talents as well as the fact that, with all her charm, she is “one tough lady”—so be warned!
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