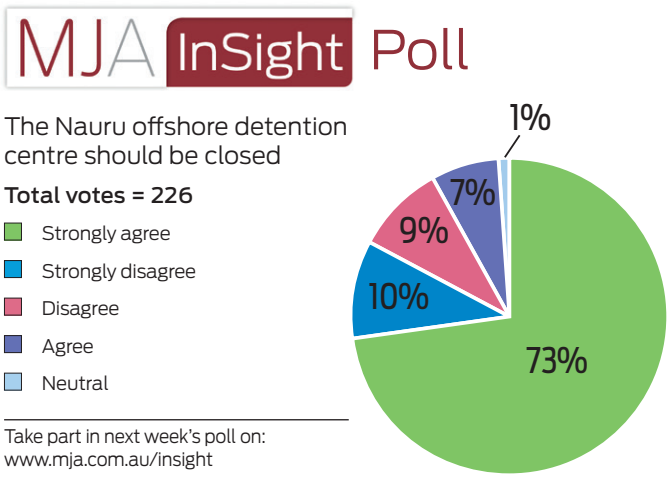
As Haiti's cholera epidemic continues, the United Nations has acknowledged that it bears some responsibility, as the outbreak was sparked by UN peacekeepers dumping waste into public canals after the 2010 earthquake, the New York Times *reports. In this photograph, a boy lies on a cholera bed, a cot with a hole cut into the centre and a bucket underneath, in the intake tent at a cholera clinic set up by Médecins sans Frontières in the Tabarre neighborhood of Port-au-Prince, Haiti.*

Picture: Allison Shelley/Reuters/Picture Media

MJA InSight Poll

The Nauru offshore detention centre should be closed

Total votes = 226



Take part in next week's poll on: www.mja.com.au/insight

MJA Podcasts

Ms Briony Murphy is a PhD candidate at Monash University, researching the frequency and nature of intentional deaths among older adults living in residential aged care in Australia. She discusses her Reflection in the issue on voluntary euthanasia.

Associate Professor David Prior is the deputy director of the Department of Cardiology at St Vincent's Hospital in Melbourne. He discusses his coauthored Narrative Review in this issue on pharmacotherapy for pulmonary hypertension.

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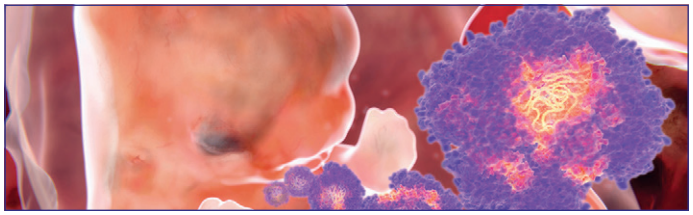

Anti-Zika drugs on the way

Compounds that suppress Zika virus replication or prevent the death of cells infected by the virus have been reported online in *Nature Medicine*. Similar to dengue virus and chikungunya virus, Zika virus can cause flu-like symptoms in some individuals. Unlike dengue virus and chikungunya virus, Zika virus infection can also result in the congenital defect microcephaly in developing fetuses, and in Guillain–Barre disease in adults. Researchers from the Johns Hopkins University School of Medicine screened a library of approximately 6000 compounds that included US Food and Drug Administration-approved drugs and experimental therapies currently in clinical trials, and identified two classes of compounds: one inhibits the death of cells infected by Zika virus, the other blocks Zika virus replication in infected cells. The two classes of compounds showed activity in several relevant types of brain cells — including human neural progenitor cells and astrocytes — and in 3D brain organoid cultures. The compounds also worked when given either before or after exposure to Zika virus. Finally, the two classes of compounds showed even greater benefits when used together than when given individually. Further research is needed before these compounds can be considered for human treatment, especially of pregnant women. Essential next steps include testing the efficacy and safety of these lead compounds in animal models of adult and fetal Zika virus infection.

http://dx.doi.org/10.1038/nm.4184

Night surgery doubles risk of death

New research presented at the World Congress of Anaesthesiologists in Hong Kong late last month showed that patients who had surgery during the night were twice as likely to die as patients operated on during regular working hours. Patients operated on later in the working day or in the early evening also had a higher mortality risk, concluded the researchers from McGill University Health Centre in Montreal, Canada. A retrospective review of 30-day postoperative in-hospital mortality was carried out at the Jewish General Hospital in Montreal, which is also a teaching hospital. The study evaluated all surgical procedures for the past 5 years, from 1 April 2010 to 31 March 2015. A database was constructed collecting variables about surgical interventions. All elective and emergent surgical cases were included, except ophthalmic and local anaesthesia cases. The working day was divided into three time blocks (daytime, 07:30-15:29; evening, 15:30-23:29; nighttime, 23:30-07:29). The start time of the anaesthetic recorded by the circulating nurse was used to determine in which time block the operation began. There were 41 716 elective and emergency surgeries performed on 33 942 patients in 40 044 hospitalisations. Of these, 10 480 were emergency procedures; there were 3445, 4951, and 2084 emergency procedures with anaesthesia starting during the day, evening and night respectively. There were 226, 97 and 29 deaths during day, evening and night surgery respectively (79, 95, 29 mortalities for emergency surgery in the same time periods). The researchers found that after adjustment for age and ASA scores, the patients operated on at night were 2.17 times more likely to die than those operated on during regular daytime working hours, and patients operated on late in the day were 1.43 times more likely to die than those operated on during regular daytime working hours.

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Cate Swannell doi: 10.5694/mja16.n1909