

overoptimistic, Donzelli and Duca's computations are certainly overly pessimistic.

Finally, we cannot comment on the information provided by the Italian Ministry of Health, as Donzelli and Duca are making a generic claim. Although we do agree that clear information should always be provided to citizens, 4CMenB vaccine is not one of the vaccines that have been made compulsory for all residents younger than 16 years, and the Ministry of Health is correctly waiting until further evidence is available from both randomised controlled trials and large observational studies.

We declare no competing interests.

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HIV outbreak in Pakistan

Since 2004, the distribution of HIV incidence in Pakistan has developed from high-risk groups to concentrated epidemics. According to an estimate by UNAIDS, Pakistan contains approximately 130 000 people living with HIV.¹ Several factors, including low literacy, high poverty, and unsafe blood transfusions have made Pakistan more vulnerable to HIV spread than

other countries.¹ Lapses in basic health facilities have worsened the situation. In March, 2018, another HIV outbreak was reported in a village near to Kot Momin, Sargodha, situated in central Punjab 175 km from Lahore. Initially, the unusual disease was mistakenly diagnosed either as hepatitis B or C or tuberculosis at basic health units in the area. However, patients were not recovering after treatment for these diseases. Ultimately, the patients were referred to the District Headquarter Hospital in Sargodha where they were diagnosed with AIDS. Initially, 35 (1.29%) of 2717 inhabitants of the village were diagnosed with HIV.² Such a high prevalence of HIV cases in a small village alarmed the Punjab AIDS Control Program and provincial authorities, motivating them to take prompt initiatives.

Most residents of rural areas of Pakistan are uneducated on the possible reasons for HIV spread. One of the reasons might be the use of contaminated syringes. Unqualified health practitioners are filling the gap in these areas left by the government's failure to cater to the health-care needs of residents. Additionally, barbers contribute to the spread of HIV by the reuse of razors. Extramarital affairs, sexual intercourse with sex workers, particularly male and transgender individuals, injection drug use, and same-sex relationships are possible reasons for the HIV/AIDS spread in rural Pakistan. Being a conservative Muslim society, people in Pakistan might be hesitant to discuss their sexual practices. A demographic survey in Pakistan showed that only half of the studied population had heard of HIV/AIDS.³ Another survey reported that only 38% of men and 22% of women were aware that use of condoms prevents transmission of HIV.⁴ In Kot Momin, different villages within a 10–12 km radius are connected socially. Thus, nearby localities should be screened too. The government should lead awareness programmes in collaboration with

NGOs for the general population. Similarly, barbers and unqualified health practitioners in rural areas should be trained to avoid any future epidemic.

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Early detection of Lassa fever: the need for point-of-care diagnostics

Peter Okokhere and colleagues' description¹ of acute kidney injury as a notable complication of Lassa fever reinforces previous evidence on the benefits of early ribavirin therapy to further underscore the importance of early diagnosis. However, reliable early detection of Lassa fever has proven challenging. As Thomas Geisbert suggests in his Comment,² point-of-care diagnostics that provide rapid results at the primary and community level could play a part in addressing this bottleneck.

Of the 1849 patients suspected to have Lassa fever on the basis of case definition during the current Nigerian outbreak, three-quarters did not have Lassa fever once tested.³