

Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases 7th edition

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As an Infectious Diseases Physician it is always a pleasure to see a new edition of Mandell, Douglas and Bennett's Principles and Practice of Infectious Diseases (hereafter called Mandell's) being released. Increasingly over the years, however, I have found the textbook sitting on my shelf whilst I can quickly and conveniently look things up on UptoDate – which I have loaded on my mobile phone, and which is available on networked computers in many workplaces. It isn't possible to compare these two popular Infectious Diseases sources comprehensively – so I used both sources over a week or so and made notes on how they compared.

My first task was to look up the interpretation of a positive Quantiferon Gold test in an HIV-infected patient (undetectable viral load, but lowish T4 count). The indexing for both sources allowed for the rapid location of the relevant chapters. The discussion of the newer tests for tuberculosis was limited to two paragraphs in Mandell's. I found the UptoDate content somewhat more comprehensive, but there were no important omissions in either source. Disappointingly, Mandell's made reference to the USA guidelines but included little detail of these. UptoDate, on the other hand, provided detail on USA and Canadian guidelines. Similarly the management of latent tuberculosis in persons with HIV infection is dealt with in two paragraphs in Mandell's versus a dedicated chapter in UptoDate, which included controversies in interpretation of interferon gamma release assays in HIV.

The next question was on the management of a staff member with acute hepatitis C after a needlestick injury. Mandell's advice is to screen for hepatitis C virus (HCV) antibodies as soon as possible after exposure and to repeat serology and alanine aminotransferase (ALT) 'at least once 6 months later'. UptoDate is more proscriptive with recommending testing for HCV by polymerase chain reaction immediately and at weeks 4 and 12, antibody testing using an enzyme-linked immunosorbent assay immediately and at week 12, and serum aminotransferases (ALT and aspartate aminotransferase) immediately and at weeks 4 and 12. Mandell's discusses several trials about the timing and type of treatment for acute hepatitis C – but the conclusion that 'many recommend that treatment be withheld 8 to 12 weeks to assess the natural outcome' was somewhat less precise than UptoDate's 'spontaneous HCV clearance following acute infection is most likely to be observed within 12 weeks (range 2 to 24 weeks) following the onset of symptoms. Spontaneous clearance appears to be more likely in patients who developed symptomatic hepatitis. Delaying treatment until after this period does not appear to decrease the likelihood of a sustained virologic response in genotype 2 and 3 infections, but there may be a somewhat higher response rate in patients with

genotype 1 and 4 infection treated with pegylated interferon, if treatment is started at week 8. However, this may lead to unnecessary treatment in up to 20 percent of patients who might have spontaneously cleared the infection between week 8 and 12'. Overall, the trials are discussed more fully in UptoDate and there is more emphasis on recommendations and guidelines.

So, on the first two topics UptoDate had the edge, but these are common day to day issues and there is rapidly evolving literature – and one expects UptoDate to reflect this more quickly. How did the two sources go on some more esoteric topics?

I did find some notable omissions in UptoDate in Virology – I was surprised that Zika virus, a mosquito borne cause of a recent exanthematous febrile epidemic in Micronesia, was not found in UptoDate despite a *New England Journal of Medicine* article that was published over 6 months previously. In Mandell's, there was a brief mention of the clinical features at least. The Henipaviruses, Nipah and Hendra, are discussed in more depth in Mandell's and there is a good discussion of Menangle virus, which caused an illness in two piggery workers in New South Wales, Australia in 1997, whilst there was no mention of this virus in UptoDate. I remember having difficulty a few years ago finding good information about the utility of syphilis serology in Yaws. Mandell has a reasonable discussion on this, but Yaws is not discussed at all in UptoDate.

Mandell's initial section on the Basic Principles in the Diagnosis and Management of Infectious Diseases is vital for all Infectious Diseases trainees, and I found a lot more information in this section on some randomly selected anti-infectives – although not unexpectedly UptoDate did have a better coverage of the new investigational drugs that have been developed for hepatitis C.

The final verdict for me is that whilst the convenience of UptoDate makes this the first port of call for looking up more common conditions, Mandell's will still occupy pride of place on my bookshelf. The book is mandatory for trainees in Infectious Diseases for the wealth of content on the sciences underpinning the speciality. The book comes complete with an activation code for the online version of the book on the Expert Consult website, and the web-based version does have updated chapters and an ability to search both volumes for relevant content.

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