

Pilgrims with serious disease or high-risk health conditions are participating in the event at a great risk to their own health and a substantial burden for the country. For example, pilgrims with severe cardiovascular diseases, kidney failure requiring dialysis or women in the late stages of pregnancy are allowed to attend Hajj. During the 2015 Hajj, 2200 kidney dialysis procedures, 27 open heart surgeries, and 688 cardiac catheterisation operations were done, in addition to seven birth deliveries. In view of the above, we call for a pragmatic review of the Hajj Health Requirements to extend beyond communicable disease prevention, and for a serious discussion among all stakeholders, both national and international, on whether certain pilgrims should be prevented from going to the Hajj pilgrimage on medical grounds for their own safety as well as to reduce morbidity, mortality, and associated burden. From a religious point of view, the Hajj is only required for those physically and financially able to perform it.

We declare no competing interests.

*Saber Yezli, Badriah M Alotaibi,
Abdulaziz A Bin Saeed
saber.yezli@gmail.com

The Global Centre for Mass Gatherings Medicine, Public Health Directorate, Ministry of Health, Riyadh, Saudi Arabia (SY, BMA, AABS); and Department of Family and Community Medicine, College of Medicine, King Saud University, Riyadh, Saudi Arabia (AABS)

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Pope Francis and the Italian scientific golden age

Giuseppe Remuzzi and Richard Horton (Jan 2, p 11)¹ speculate that Pope Francis, in his encyclical *Laudato Si'*, expressed a “changing position of the Vatican” towards scientific research and hope that this attitude could “contribute to fostering a new scientific golden age for Italy”. This assertion is based on the idea that the decline of Italian science and medicine might be ascribed to the diffidence of the Vatican towards scientists and to its influence on submissive and consent-seeking politicians. Such reasoning would lead the Catholic Church to take on responsibilities that do not belong to it, providing an alibi for Italian political (secular) institutions that have not invested in research in the past decades. The thesis that the Catholic Church slowed the scientific progress through history is very questionable and would necessitate a long and thoughtful discussion, which is beyond the aim of this letter. Nevertheless, I would like to underline that Pope Francis’ statements in his encyclical cannot be interpreted as a changing position of the Vatican, but they do give continuity to what his predecessors previously declared. The constitution *Gaudium et spes* (1965) of the Second Vatican Council² has already strongly acknowledged the value of science. Consequently, the Popes have promoted meetings between scientists, philosophers, and members of the church.³ These meetings are not dissimilar to Giuseppe Remuzzi and Richard Horton’s request. Time has come for Italian research institutions and scientists to take responsibility and invest in science and research, without waiting for miracles.

I declare no competing interests.

Michele Augusto Riva
michele.riva@unimib.it

School of Medicine, University of Milano Bicocca, 20900 Monza, Italy

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Syndromic surveillance during the Paris terrorist attacks

Two separate terrorist attacks took place in the Paris area in 2015. The first attack began on Jan 7 with a massacre at the satirical magazine *Charlie Hebdo* and ended 2 days later with two sieges involving major police operations. 17 people were murdered and 20 people were injured. The second attack was a series of coordinated assaults on Nov 13, during which three suicide bombers struck outside a filled stadium and mass shootings took place at cafés, restaurants, and a concert hall. Together, the attackers killed 130 people and injured more than 300 people.¹

Syndromic surveillance can be used for early detection of abnormal health-related events or to quantify the health effect of major events such as terrorist attacks.^{2,3} Since 2004, the syndromic surveillance system in France has included individual data collected daily from mortality registry offices (INSEE), hospital emergency departments (OSCOUR network), and emergency doctor house calls (SOS Médecins), all of which are transmitted automatically to the National Institute of Public Health (Saint Maurice, France).⁴ During the November attack, hospital physicians and doctors from SOS Médecins were instructed to use