Editorial

DOI: http://dx.doi.org/10.4314/ahs.v14i4.1

As the Ebola pandemic rages on in West Africa and beyond, our focus on other infections must not be lost^{1,2} Hence this Christmas issue of African Health Sciences focuses on infections. In a seminal paper, Nakku-Joloba and others have established that herpes simplex type 1 and 2 are highly prevalent in Kampala while syphilis seems not to be so common.³ Brucellosis on the other hand is highly prevalent among livestock rearing communities and consumers of unpasteurised milk in Uganda.⁴ Continuing with the brucellosis story, it seems that mean platelet volume might have a role to pay in diagnosis.⁵

Nigerian workers report a high prevalence of Staph. aureus among wound infections in a Nigerian hospital.⁶ Multidrug resistance was common. Akingbade and others⁷, highlight the emergence of multidrug resistant R-plasmids among E.coli causing urinary tract infections. Hepatitis C infection is highly prevalent in Pakistan with up to a quarter of patients at STI clinics testing positive.⁸ Turkish workers report that HCV core antigen assay could be used for diagnosis of HCV as it is cost-effective with high specificity.⁹ Utility of the stool antigen test for Helicobacter pylori in adults with dyspepsia is questioned by Ugandan researchers.¹⁰ It seems the jury is still out regarding the routine use of this test.

Risk factors for genital candida infection in the tropics include age, marital status and vaginal lavage. ¹¹ In this millennium, we have hardly heard about gonorrhoea. Hence it was refreshing to read about the antibacterial activity of root extracts on it. ¹² What we have not been short of are papers on HIV and TB. None the less, only 23% of TB patients in Limpopo province in South Africa had HIV status known, and mortality was high. ¹³ Keeping with the TB theme, Bangladeshi writers report that men had a greater awareness about transmission than their female counterparts. Formal school education was a key factor. ¹⁴ Cape Town researchers report on the effectiveness of a home-based pulmonary rehabilitation programme for PTB patients. ¹⁵

Haemorrhagic fever again? Turkish workers report on Crimean-Congo haemorrhagic fever and clinical laboratory diagnosis.¹⁶ In a unique article, Simon Ndira and others report on their experience on tackling malaria by medical students and communities in Eastern Uganda,¹⁷ while Eric Some et al report on PMTCT of HIV in Burkina Faso - that land of upright people.¹⁸ Screening for vancomycin-resistant enterococci is possible but not cost effective so conclude Turkish researchers.¹⁹

Non-communicable diseases refuse to go away even when our attention is consumed by infections. Chronic stroke patients seem to need careful monitoring of their blood pressure before, during and after exercise. Reeping with NCDs, serum HE4 seems to be an important marker of benign gynaecological disorders according to Chinese workers. HPV again! It seems to be quite low in patients with SLE.

Keeping in China, Duan et al hypothesize that colon cancer might be originating from disputed bile acid homeostasis.²³ South African workers on the other hand²⁴ report dyslipidemia and anthropometric indicators among black/white adolescents. Still in South Africa comes a new treatise on intracranial haemangiomas.²⁵ Some surprising news perhaps for our Ugandan readers: there is now open heart surgery in Uganda! See Aliku's paper.²⁶ To conclude this surgical section, we bring you Ugare's paper on adhesional intestinal obstruction.²⁷

Now to reproductive health issues: Salami reports on unmet social needs and teenage pregnancy,²⁸ while Maymunah contends that high cholesterol is a risk factor for adverse pregnancy outcomes,²⁹ and Fekadu and others report on differentials of use of skilled delivery care service in Ethiopia.³⁰ Maternal health issues are closely linked to neonatal health. Mah_Mungyeh reports a decline in neonatal mortality in Cameroon.³¹ Ugandan authors report on symptom recognition and action taken by caretakers for children with pneumonia,³² while Oloruntoba et al discuss hygiene, sanitation as risk factors for childhood diarrhoea in Nigeria.³³

Next we have studies on toxicology³⁴, evaluation of glomerular function³⁵, multiple correspondence analysis³⁶, and challenges with health seeking.³⁷ Ding has written for us a very unique paper on virtual plant modelling based on the L-system.³⁸ Fournier's gangrene is back in

the news. Not because of diabetes but because of HIV, 2014; 14(4): 816-20. so report Ngugi and colleagues from Kenya.³⁹ We have Nigeria as if Ebola was not bad enough.⁴¹ Finally we end this treatise with two interesting articles: one on public health research from Rwanda⁴² and a critique of Anthony Mbonye's work1 on Ebola in west Africa.⁴³

We wish you a merry Christmas and happy reading! James Tumwine, Editor in Chief, African Health Sciences

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