

Editorial

Ebola and other issues in the health sector in Africa

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In this September issue of African Health Sciences we bring you diverse articles with wide ranging themes. In general, they encompass infectious disease, glucose metabolism, newborn care, non communicable diseases and health systems.

We have added a special article[1] on viral hemorrhagic fevers especially Ebola, since this epidemic is ravaging the West African region.[2] In this article Uganda Ministry of Health and WHO workers describe their experience with the control of Ebola, and draw out some very specific lessons which the West African Ministries of Health might wish to adopt. This at a time when Liberian, Ugandan and other doctors working in West Africa have succumbed to the disease while carrying out the gallant duty of saving lives of those inflicted by Ebola. It is like déjà vu because it is not so long ago since Lukwiya, Kule and Mutooro - those highly dedicated Ugandan doctors, died after caring for Ebola patients. Lukwiya and Kule died in Uganda while Mutooro succumbed only recently in West Africa.

Now back to glucose. In a randomized controlled trial, Kutamba et al[3] determined the efficacy of dextrose infusion by burettes versus 2 hourly dextrose boluses in the prevention of hypoglycaemia among pre-terms in Kampala. The continuous 10% dextrose infusion by burettes reduced hypoglycaemia episodes by 81%. Kenyan workers on the other hand studied hypoglycaemia and hypocalcaemia as determinates of birth weight criteria for term stable low risk macrocosmic neonates. [4] Neonatal mortality is a big issue accounting for over 60% of child deaths worldwide. Cameroonian workers report a steady decline of neonatal mortality with asphyxia, sepsis and prematurity the major culprits.[5] When will our children stop dying?

Now: to glycosylated haemoglobin (HbA1C). Is it associated with diabetic ketoacidosis (DKA)? South African scientists[6] report this association in a paper on DKA in newly diagnosed type 2 diabetes, while Turkish workers found that high HbA1C levels in obese children can be used to screen for insulin sensitivity.[7] Keeping with the diabetes theme, Gangwar et al studied the impact of medication and psychological behaviour assessment

by community pharmacists in type 2 diabetes mellitus patients after hospital stay.[8]

From diabetes to physical fitness: aerobic exercise training modulates inflammatory cytokine levels/markers of liver function in patients with non alcoholic steatohepatitis, report Saudi researchers.[9] On the other hand Sengupta et al found that tea growers in West Bengal were physically fit but with poor BMI and waist hip ratio.[10] Chinese workers[11] provide evidence of the influence of bakuchiol on drug metabolism through inhibition of UDP-glucuronosyltransferase (UGT) 2B7.

Fast wind to obesity: is neck circumference an indicator of obesity? So it seems from work by Turkish scientists. [12] Chopera's work on food labelling reading and understanding in rural and urban Zimbabwe scratches the surface on this theme of non communicable disease: a recurrent or rather chronic theme in African Health Sciences. We follow it with an interesting report on innovative methods for removing bacteria from surfaces in convenience food manufacturing plants[13].

Risk of high blood pressure among bankers and traffic wardens,[14] CVD risk factors[15], acquired heart disease in children in Nigeria[16] - now Africa's largest economy[17]; severe valvular dysfunction among rheumatic heart diseases patients in Uganda[18] give an interesting taste of what we shall continue seeing regarding cardiovascular disease in Africa.[19]

Have you heard about tolerogenic dendritic cells? What about the Decoy method? Just look up this article.[20] Eggs and chicken are popular worldwide but allergy is a real issue. Saudi scientists report on their work on screening for hen's egg and chicken meat specific antibodies in their patients with allergic disorders.[21]; while others report on the isolation, purification and efficacy of psoralen and isopsoralen in the treatment of osteosarcoma.[22] Papers on acute lung injury[23], prostate cancer pathogenesis[24] conclude this treatise on non communicable diseases.

As expected in LMICs, infections abound, and that is why we have prefaced this article with Ebola.[1] Is screening immigrants for TB on arrival from low to prevalent countries cost effective?[25] What about

Chlamydia and infertility?[25] Or what is the basis of selection of first and second line HARRT?[26] You will get some answers by perusing these articles. The rest of the articles are on acute kidney injury amongst neonates with perinatal asphyxia,[27] use of ultrasound,[28] management of low back pain,[29] organophosphate poisoning[30], asthma exacerbations[31], thoracic surgery[32], dopamine[33], glaucoma in Ghana[34], dentistry[35], Chinese medicine[36], herbs and MRSA[37]. We continue with health research in Africa[38], Coats'disease[39], seasonal ataxia[40], rupture of the middle colic artery[41], neurofibromas[42], and the habit of eating stray dog meat[43] that refuses to go away. Have nice reading.

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