

Infectious diseases and chronic care in Africa

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Welcome to this June issue of *African Health Sciences* that is another bumper harvest because of a backlog that we are trying to clear at AHS.

We bring you very interesting manuscripts on infectious diseases particularly hepatitis^{1,2}; HIV AIDS^{3,4} and H1N1 Influenza A virus⁵ in the context of chronic care in Africa. Burkina Faso researchers report on the diagnostic performance and operational characteristics of four rapid immune-chromatographic syphilis tests⁶ while Ethiopian scientists report on risk factors for multidrug resistant tuberculosis patients.⁷ Keeping with the TB theme we have work from Angola on emotional distress among patients with tuberculosis⁸. In a similar study Sudanese workers give an insight into illness perceptions and quality of life among tuberculosis patients in Gezira⁹.

Now parasites! Pakistani workers report on prevalence of *Giardia intestinalis* and *Hymenolepis nana* in Afghan refugee population of Mianwali district, Pakistan¹⁰. This is followed by three articles on malaria.^{11,12,13}

To break the infectious disease theme we introduce several articles on pain, trauma and arthritis.^{14,15,16,17,18,19,20,21}. We climax our non-communicable disease (NCD) themes with many articles on diabetes mellitus, rightly so, because this has become such an important disorder in Africa contrary to predictions in the pre-independence colonial era^{22,23,24,25}. This is followed by reproductive health issues^{26,27,28,29,30}, oncology^{31,32,33,34}, herbal medicine^{35,36,37}, sleep quality³⁸ and anthropology³⁹. The next set of papers include: lead toxicity⁴⁰, retinol⁴¹, educational audit⁴² and microbiology⁴³.

We conclude the review with a relook at chronic care⁴⁴, medical ethics in Africa⁴⁵, alpha thalassemia⁴⁶, asthma⁴⁷, miliary TB⁴⁸ and cortical blindness preceded by pre-ecclampsia⁴⁹. Have enjoyable reading!

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