

Hepatitis, HIV and Ebola: light at the end of the tunnel.

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Is *African Health Sciences* in danger of becoming a hepatitis journal? No, far from it! However, in this issue of *African Health Sciences*, we highlight the importance of hepatitis B and C from two perspectives: ancient and modern!

We highlight the articles in the current issue of AHS and reflect on the fairly old papers that give us an insight into where we have come from since 2001.

Our first choice is work from Ghana by Ephraim et al¹. They report on the seroprevalence and factors associated with hepatitis B and C among pregnant women. They highlight blood transfusion, tattooing and sharing of needles as the major risk factors for Hepatitis C.

Yilmaz et al studied hepatitis B, hepatic steatosis, insulin resistance, necroinflammation and fibrosis,² while Ogwu et al³ report on hepatitis B, C and HIV, and how they influence CD4 counts in Abeokuta, Nigeria. In a similar paper, Ogbodo and colleagues report on hepatitis C and HIV in the Delta state in Nigeria.⁴

The next four papers report on herpes simplex^{5,6}, HPV⁷ and trypanosomiasis in Gabon⁸, while Yan discusses prevention of occupational skin diseases in China.⁹ We conclude the HIV story with HIV in Port Harcourt,¹⁰ and *Candida* species isolated from HIV +ve patients.¹¹

While the Ebola epidemic rages on, Sierra Leone workers report on the use of cell phone messaging for community Ebola syndromic surveillance.¹² In Zambia, Mweene-Ndumba reports on the sero-prevalence of West Nile virus.¹³

Malaria

The next papers deal with risk factors for placental malaria¹⁴, elimination of residual malaria transmission in Tanzania¹⁵, *Artemisia annua* Linn in Uganda¹⁶, and anti-malarial herbs in Cameroon¹⁷ and Nigeria.¹⁸

Tuberculosis,¹⁹ MRSA,²⁰ pneumococcal vaccine²¹, and tackling STIs in Ugandan communities in the UK²² is the next challenge. We end this infectious disease trea-

tise with the unbelievable story of anti-bacterial properties of cows' faeces!²³

Non communicable diseases the next challenge

We are then propelled into the NCDs section with papers on diabetes mellitus^{24,25,26}, stroke²⁷, coronary artery²⁸, CVD lifestyles²⁹ and CKD-MBD in pre-dialysis patients in Nigeria³⁰.

Then we have sickle splenomegaly³¹, upper GI disease³², sleep apnea³³, indoor pollution³⁴, breast cancer³⁵, maternal and new-born nutrition³⁶, macronutrients in Saudi Arabia³⁷, and the use of human urine as a plant nutrient³⁸. We have some interesting biochemistry of drug metabolising enzymes³⁹, the *boda boda* menace⁴⁰, paracetamol toxicity⁴¹, and need for anaesthesia in Sierra Leone⁴².

Then a series of case reports⁴³⁻⁴⁶ bring us near to the end. We end with a reflection of the role of NGOs in providing curative health services in Darfur Sudan, not far off from South Sudan⁴⁷ where the spectre of war remains a big worry for those of us committed to universal access to health care.

Whether the conflict in South Sudan, like elsewhere on the continent, will be resolved peacefully remains to be seen. It seems likely that the ubiquitous AK47 will remain the fear of all: much more than that of Ebola, which is beyond our reasonable control.

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