

Editorial

In this issue

I wish to welcome you to our second issue of *Africa Health Sciences* which is coming out just before Christmas, 2001.

While this is a festive season we in the Africa region have not got much to celebrate. It is the first anniversary of Dr. Mathew Lukwiya's tragic death at the hands of Ebola haemorrhagic fever. News from Gabon and the Democratic Republic of the Congo (DRC) is not good. They sighted some cases of haemorrhagic fever feared to be Ebola. The countries bordering the DRC are panicking because, as Uganda's commissioner for communicable diseases says, "Ebola can travel across boundaries in a matter of hours. Even one thousand kilometers is not far enough. So be prepared!" In light of this, *African Health Sciences* brings you an update on **Ebola haemorrhagic fever** in an article by some of the doctors who experienced the last Ebola outbreak in Gulu, northern Uganda last year, first hand¹. They give us a glimpse of the epidemic as it affected children and adolescents, a sector of the population that is usually spared. Their take-home message is that we need to develop strategies to protect children and adolescents from exposure to Ebola patients. One such strategy is health education to children and adolescents to avoid contact with Ebola patients.

In this issue of *African Health Sciences* we also bring you Dr. Nuru Nakintu's results of a **comparative study of vaginal misoprostol and intravenous oxytocin for induction of labour in women with intra uterine fetal death**². Dr. Nakintu demonstrates that misoprostol is cheaper and more effective than oxytocin in induction of labour in women with intrauterine fetal death. The study has very important implications for Obstetric practice in countries with limited resources such as Uganda.

We continue our series on the **anti-microbial activities of extracts of several Ugandan medicinal plants** with an article by Dr. Olila and colleagues³. In the current article they report results of their study of antibacterial and anti-fungal activities of two Ugandan medicinal plants.

One of the plants (*W. ugandensis*) had antibacterial activity against *Escherichia coli* and *Staphylococcus aureus*, as well as anti-fungal activity against *Candida albicans*. However *Z. cahlybeum* had neither antifungal nor antibacterial activities. These are important findings since a large proportion of Africans still relies on the use of herbal remedies.

We welcome an article from the United States on **contraceptive security, information flow and local adaptations to family planning practice in Morocco**.⁴ Chandani and Breton use their Morocco experience to

make a few conclusions: both external and internal funding and technical expertise are critical components of a successful logistics system for supplying customers with the contraceptives they need, when, and where they need them.

In this era of escalating numbers of people with tuberculosis, it is essential to revisit methods of diagnosis. Erume and colleagues' article⁵ on **rapid detection of *Mycobacterium avium subs. paratuberculosis* using nested PCR**, albeit in animals, demonstrates potential of this technology in the rapid diagnosis of paratuberculosis: a suspect causative agent of Crohn's disease.

Dr Sydney Ogwal's article on **the bioavailability and stability of erythromycin delayed release tablets**⁶ demonstrates how our own scientists, using relatively simple technology, can contribute to practical solution of common problems, and yet conform to international standards.

This issue of *African Health Sciences* concludes with two practical articles: one by Dr. Rosemary Byanyima on **menstruation in an unusual place**⁷, a manifestation of endometriosis in the thorax. The second one is an article by Dr. Mityuyasu, which we have reproduced with kind permission of Medscape. In this article Dr. Mitsuyasu explores the future of **AIDS vaccines**. He reminds us, if we need reminding, "that over 58 million people worldwide have been infected with HIV since the beginning of the pandemic, and that almost 5.3 million were infected in 2000 alone. Historically vaccines have provided safe, cost effective, and efficient of preventing illness, disability, and death."

The challenges of HIV vaccine development and implementation are enormous and extend beyond the scientific and medical communities into the realms of economics, politics, law and development. However there is some hope. Great hope. As one South African official said recently at the World AIDS Day Celebration in that country: the hope is that the majority of our people are not infected with HIV: and with appropriate interventions and change, we can contain the pandemic.

Editor:

References

1. Nakintu N. A comparative study of vaginal misoprostol and intravenous oxytocin for induction of labour in women with intrauterine fetal death in Mulago Hospital, Kampala, Uganda. *African Health Sciences* 2001; 1(2): 55-59

2. Mupere E, Kaducu OF, Yoti Z. Ebola Haemorrhagic fever among hospitalised children and adolescents in Gulu, northern Uganda: epidemiologic and clinical observations. *African Health Sciences* 2001; 1(2): 60-65
3. Olila D, Olwa-Odyek, Opuda-Asibo. Antibacterial and antifungal activities of *Zanthoxylum chalybeum* and *Warburgia ugandensis*, Ugandan medicinal plants. *African Health Sciences* 2001; 1(2): 66-72
4. Chandani Y, Breton Y. Contraceptive security, information flow and local adaptations: family planning in Morocco. *African Health Sciences* 2001; 1(2): 73-81
5. Erume J, Spengler, Rosengarten R. Rapid detection of *Mycobacterium avium* subsp. *paratuberculosis* from cattle and zoo animals by nested PCR. *African Health Sciences* 2001; 1(2): 82-88
6. Ogwal S, Xide TU. Bioavailability and stability of erythromycin delayed release tablets. *African Health Sciences* 2001; 1(2): 89-95
7. Byanyima R K. Menstruation in an unusual place: a case of thoracic endometriosis, in Kampala, Uganda. *African Health Sciences* 2001; 1(2): 96-97
8. Mitsuyasu R. AIDS vaccine 2001: looking to the future. *African Health Sciences* 2001; 1(2): 98-104

SPECIAL THANKS

We wish to extend our most sincere thanks and appreciation to Dr. E. Samba, the Regional Director, WHO(AFRO) in Brazzaville, Dr. Oladipo Walker WHO Country Representative in Uganda and others at WHO who assisted us with ICT equipment to enable ***African Health Sciences*** come out quickly and regularly. Thank you very much for your contribution to making evidence based learning and practice a reality for health workers and policy makers in our region.

Editor