

Summaries/Extracts from journals, reports, etc.

Please send us more material for future issues of the Bulletin.

The Burden of Trachoma in Ayod County

Trachoma, a neglected tropical disease, is the leading cause of infectious blindness and is targeted for global elimination by the year 2020. A survey was conducted in Ayod County of Jonglei State, to determine whether blinding trachoma was a public health problem and to plan interventions to control this disease. The burden of trachoma in Ayod was found to be one of the most severe ever documented. Not only were adults affected by the advanced manifestations of the disease as is typical for older age groups, but young children were also affected. At least one person with clinical signs of trachoma was found in nearly every household, and 1 in 3 households had a person with severe blinding trachoma. Characteristics previously identified as risk factors were ubiquitous among surveyed households, but the authors were unable to identify why trachoma is so severe in this location.

Surgical interventions are needed urgently to improve vision and prevent irreversible blindness in children and adults. Mass antibiotic distribution may alleviate current infections and transmission of trachoma may be reduced if communities adopt the behaviours of face washing and safe disposal of human waste. Increasing access to improved water sources may not only improve hygiene but also reduce the spread of guinea worm and other water-borne diseases.

Citation: King JD, Ngondi J, Gatpan G, Lopidia B, Becknell S, et al. (2008) *The Burden of Trachoma in Ayod County of Southern Sudan*. *PLoS Negl Trop Dis* 2(9): e299. doi:10.1371/journal.pntd.0000299 <http://www.plosntds.org/article/info%3Adoi%2F10.1371%2Fjournal.pntd.0000299>

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Is the end in sight for malaria deaths?

In Southern Sudan, as in other parts of Africa, malaria is a major killer of young children and cause of much morbidity. In 2006, 91% of the almost 900,000 global deaths from malaria were in Africa; only 3% of the African children in need got artemisinin-based combination therapy (ACT) and only 125 million Africans out of the 650 million at risk slept under treated bednets¹.

However, recent increased funding for malaria has led to increased access to malaria control interventions – indoor spraying, ACT and, especially, treated bednets. 22 million Africans are now protected by indoor spraying and, in some countries between 2001-2006, the

proportion of children protected by bednets increased from 3% to 23%. In 7 African countries deaths from malaria were reduced by >50% between 2000 and 2006.

So it is good news that this September world leaders announced a multi-donor, multi-million dollar plan to end all deaths from malaria². Key parts of the plan are the widespread introduction of a vaccine (RTS,S), presently in the final stages of its trials, and development of more effective vaccines. Perhaps there is real hope that malaria will not blight future generations of children in Southern Sudan.

1. WHO *WHO World Malaria Report 2008*. WHO, Geneva <http://www.who.int/malaria/wmr2008>. For more information on malaria see <http://www.who.int/topics/malaria/en/index.html>
2. Boseley S. *\$3bn ploughed into fight against malaria* The Guardian (UK) 26 September 2008 p25

HIV treatment at same time as TB treatment halves death rate

The South African SAPIT study (Starting Antiretroviral therapy at three Points In Tuberculosis therapy) has found that taking antiretroviral drugs at the same time as TB treatment halved the death rate when compared with delaying HIV treatment until after TB treatment was completed. Up until now, many clinicians have preferred to wait until after the completion of TB therapy before initiating HIV treatment in a patient diagnosed with TB, citing concerns about immune reconstitution, drug interactions and drug toxicity.

The SAPIT study is a randomised open-label trial which recruited 645 adults diagnosed with smear-positive tuberculosis. It is designed to identify the optimal time to start HIV treatment in TB patients. Participants received a once-daily antiretroviral regimen of ddI/3TC and efavirenz at one of three time points during their course of TB therapy:

- Early integrated treatment: antiretroviral treatment started as soon as possible after TB treatment (within two months)
- Later integrated treatment: antiretroviral treatment started after the two-month intensive phase of TB treatment is completed, generally in months three or four of TB treatment.
- Sequential treatment: antiretroviral treatment started after TB treatment is completed, generally six to eight months after starting TB treatment.

The trial Safety Monitoring Committee decided to terminate the sequential treatment arm after an interim safety analysis showed that patients in the two integrated treatment arms had a 55% lower death rate than the sequential treatment arm. Translating these findings into public health practice could take time, and will require much thought about how to integrate HIV treatment into TB services.

Based on an item from *HIV & AIDS Treatment in Practice (HATIP) #115 14 August 2008*. See <http://www.aidsmap.com/>(→news→Africa)

Quiz (based on an article in issue 3 of the Bulletin)

What do you know about resuscitating newborns?

1. What is the first thing to do if the baby is blue?
 2. Are drugs usually needed to resuscitate newborns?
 3. After achieving good lung inflation, at what heart rate should you start chest compressions?
 4. How many compressions and breaths should you give per minute?
 5. When do you stop chest compressions?
- See answers below.

Did you know that October 15, 2008 was the first-ever **Global Handwashing Day**? Handwashing with soap is the most effective and inexpensive way to prevent diarrhoeal and acute respiratory infections, which take the lives of millions of children in developing countries every year.

Times and technique are crucial in handwashing for diarrhoeal disease prevention. Hands must be washed at a minimum of **three** critical times: (1) before cooking or preparing food, (2) before feeding a child or eating, and (3) after defecation, cleaning a baby, or changing a nappy. The **three** elements of proper technique are to use water and soap, rub one's hands together at least **three** times, and dry them hygienically (e.g. with a clean towel or by air drying).

Extract from http://www.usaid.gov/our_work/global_health/eh/index.html

And do you know the top 10 causes of death in low-income countries? Answers below.

For your resource centre

A free DVD on IMCI Training

The IMCI Computerized Adaptation and Training Tool (ICATT) provides a computerised training course and resource materials on the Integrated Management of Childhood Illness (IMCI). ICATT can be adapted and translated to suit different needs after which it can be "closed". The closed version (training player) can then be used for self-learning or in the classroom.

The content covers how to provide essential care to newborn children, and how to manage sick

children and address their problems and needs in an integrated way. The DVD is developed and produced in limited quantities by WHO and can be copied. You need a DVD drive on your computer to use it.

The DVD is available from the WHO Regional Offices (through country offices) and from WHO-HQ (cah@who.int or dehaanf@who.int). For more information and support on ICATT go to www.icatt-training.org.

MotherNewborNews is a well-illustrated newsletter from MotherNewBorNet covering topics related to maternal and newborn care. Volume 2 Issue 2 2007 deals in detail with the 'Prevention and Treatment of Postpartum Hemorrhage'. You can download it from www.icddrb.org/MotherNewBorNet.

Pictures in AIDucation: African Communities Talking Sex, AIDS and Pictures (ISBN: 1-4251-5757-2) is new book that addresses the topic of HIV infections and AIDS through PICTURES. For more details and prices go to <http://www.trafford.com/4dcgi/view-item?item=22039>

A website on Severe Acute Malnutrition (SAM)

Visit the website of the **International Malnutrition Task Force (IMTF)** at <http://imtf.org> for information about severe acute malnutrition (SAM) and its management. This interactive site includes detailed and reliable treatment guidelines and training materials from international and national sources.

Answers to quiz

1. Open the airway
2. No
3. <60, or <100 and not improving
4. 90 chest compressions and 30 breaths (3 compressions to each breath) When the heart rate is >100, or if the baby has not responded to resuscitation after 20 minutes
5. When the heart rate is >100, or if the baby has not responded to resuscitation after 20 minutes

The top 10 causes of death in low-income countries are:

	% of deaths
Lower respiratory infections	11.2
Coronary heart disease	9.4
Peri-natal conditions	9.1
Diarrhoeal diseases	6.9
HIV/AIDS	5.7
Stroke and other cerebrovascular diseases	5.6
Chronic obstructive pulmonary	

Disease	3.6
Tuberculosis	3.5
Malaria	3.3
Road traffic accidents	1.9

Send us *your* pictures (in jpg) so we can publish some of them in the future Bulletins.

Extract from WHO Fact sheet N°310 (updated October 2008) see http://www.who.int/entity/mediacentre/factsheets/fs310_2008.pdf

Notices

UGANDA ACTION FOR NUTRITION is organising the **1st UGANDA NUTRITION CONGRESS** in Kampala on 19th and 20th February 2009. The congress is particularly for participants in Eastern Africa and would be very relevant to nutritionists from Southern Sudan. For more information see www.ugan.org or email Robert Fungo at rfungom@gmail.com

MOH-GOSS Juba Teaching Hospital Resource Center

is based in a special wing of the hospital and is open from Monday to Friday from 9:00am to 12:45pm and from 2:00pm to 5:00pm. It has a wide range of magazines, books and IT materials, and 7 computers connected to wireless network. For a list of materials visit



<http://www.librarything.com/catalog/jubath>.

The Center is supported by USAID and implemented by the Capacity Project-IntraHealth International in collaboration with Juba Teaching Hospital. For further information contact Tombe Ali Francis, the librarian/manager, by phone: 0477216408 or e-mail: tombe296@yahoo.com



A Mpower workshop

