

## Reports and Resources

This section gives relevant clinical information from other journals and reports, and suggests materials that can be freely downloaded, and/or obtained in hard copy or on CD. Items are grouped under: Chronic diseases; HIV and other infections; Maternal and child health/Nutrition; Surgery; General resources.

**Please look out for other publications to include in this section. Send them to Dr Wani Mena [vanimena@gmail.com](mailto:vanimena@gmail.com) or Dr Eluzai Hakim [eluzai\\_hakim@yahoo.co.uk](mailto:eluzai_hakim@yahoo.co.uk).**

Below are several references to The Lancet. Did you know you can get free registration for **The Lancet** that allows you to:

- View many full articles free of charge
- Set up email alerts of tables of contents
- Subscribe to free email newsletters in your speciality.

To register go to <http://www.thelancet.com/user/register>

## Chronic diseases...

### Updated Diabetes website

This Centers for Diseases Control and Prevention (CDC) website includes information for health professionals and people living with diabetes, data and trends, education resources, publications, projects, and news and resources. Although primarily for USA several of the items, including some for emergency situations, may be of interest in South Sudan.

See <http://www.cdc.gov/diabetes/>

[Seen at ProCor Weekly Prevention Update 12 May 2010 [www.procor.org](http://www.procor.org)]

### New, conservative recommendations for diabetics taking aspirin

New recommendations from USA suggest low-dose aspirin should only be taken by diabetics with no history of CVD, but who are at an increased risk based on age and one additional risk factor such as smoking, dyslipidemia, or hypertension. The American Diabetes Association, American Heart Association, and the American College of Cardiology issued new recommendations after reviewing research that included two new studies that failed to find any benefit from aspirin in primary prevention of cardiovascular events in diabetics. The authors note these recommendations are not one size fits all, and doctors should assess a patient's individual risk factors before issuing aspirin therapy.

See <http://www.theheart.org/article/1085451.do>

[Seen on procor Weekly Prevention Update 16 June 2010 [www.procor.org](http://www.procor.org)]

## HIV and other infections

### Lancet Series on Tuberculosis

On May 19, **The Lancet** released a special series on tuberculosis, which includes a series of papers and comments highlighting the need for new tools, the threat posed by drug-resistant strains, results of current control efforts, and other issues about tuberculosis worldwide.

### Body Mass Index (BMI) may be a useful surrogate marker of risk of tuberculosis or death among HIV-positive individuals

HIV-positive individuals who are obese or overweight are less likely to die or develop tuberculosis than people with HIV who are of normal weight according to a report by the South African Perinatal HIV Research Unit (PHRU). Their prospective study involving 3456 HIV-positive adults showed "a clear protective effect...of increasing BMI on both all-cause mortality and incident TB in a South African cohort" and "persons with obese and overweight BMI have a significantly decreased risk of both mortality and TB". The investigators conclude that "BMI may be a useful surrogate marker of risk of TB or death among HIV-positive individuals...but urgent studies are required to pinpoint the protective factor and to address detrimental health issues that may result from elevated BMI."

See: Hanrahan CF et al. [BMI and risk of tuberculosis and death: a prospective cohort of HIV-infected adults from South Africa](#). *AIDS*, advance online publication: DOI: 10.1097/QAD.0b013e32833a2a4a, 2010.

### Can zinc supplements prevent CD4 cell loss in patients with HIV?

Investigators in USA report that zinc supplements significantly reduces the risk of CD4 cell counts falling below the critical 200 cells/mm<sup>3</sup> level. Daily doses of zinc also reduced reported diarrhoea. No serious side-effects were reported.

231 HIV-positive patients in the United States were randomised to take a daily dose of zinc (15mg men, 12mg women) or a placebo for 18 months. Antiretroviral therapy was being taken by 62% of patients, but only 29% of these individuals had an undetectable viral load. At the end of the study, the patients who received supplementation had significantly higher zinc levels than those who received the placebo. There was no evidence that zinc supplements lowered viral load. However, zinc supplementation reduced the risk of immunological failure by approximately 75%.

Zinc supplementation was reported to reduce the risk of diarrhoea by 60%, and a significant link between low zinc levels and reporting diarrhoea was found. There was no evidence that taking zinc supplements reduced the risk of death.

The investigators concluded that “this evidence supports the recommendation of zinc therapy as a safe, simple, and cost-effective tool to improve the immune response and to reduce morbidity and should be considered as an adjunct therapy for HIV infection.”

See: Baum MK et al. Randomized, controlled clinical trial of zinc supplementation to prevent immunological failure in HIV-infected adults. *Clin Infect Dis* 50: online edition, 2010. [From *Aidsmap News* ([www.aidsmap.com](http://www.aidsmap.com)).]

**The XVII International AIDS Conference** took place in Vienna in July 2010. News from the conference was published in **Aidsmap**, the publication of **NAM**. NAM, a UK-based organisation, delivers HIV information across the world to HIV-positive people and to the professionals who treat, support and care for them. See more details, download their free fact sheets and subscribe to the Aidsmap newsletter at [www.aidsmap.com](http://www.aidsmap.com).

Below are some of the papers given at the Vienna meeting (to find them scroll around <http://www.aidsmap.com/page/1442063>):

- New drug – rilpivirine does well in trials
- New drug – experimental integrase inhibitor shows promise
- HIV and hepatitis C – bone problems more common
- HIV and children – early treatment cost-effective
- HIV and tuberculosis – rapid ART saves lives
- Extended-release nevirapine works well
- The HIV epidemic and gay men – a mixed picture
- Microbicides and circumcision
- Where next for microbicides?
- Safety of HIV treatment during pregnancy
- ART in pregnancy: cost-effective and practical approaches being explored
- New drug – effect on HIV and inflammation

### Maternal and child health/Nutrition

**The World Health Assembly in May 2010** adopted the following issues:

**Infant and young child nutrition:** Recognizing that improved breastfeeding practices could save the lives of one million children under five each year, a resolution was adopted on infant and young child nutrition.

**Treatment and prevention of pneumonia:** A resolution on the treatment and prevention of pneumonia -- the number one killer of children under five -- makes clear that MDG 4 can only be achieved with intensified efforts to address pneumonia.

**Birth defects:** A resolution was adopted to redress the limited focus to date on preventing and managing birth defects, especially in low- and middle-income countries.

From *In CAH newsletter - Reaching Out, Issue 16 from Child and Adolescent Health and Development, WHO* (find at [http://www.who.int/child\\_adolescent\\_health/en](http://www.who.int/child_adolescent_health/en))

### Breastfeeding: Just 10 Steps - Towards a Baby-Friendly Way

To mark **World Breastfeeding Week** (August 1-7) the Mother and Child Health and Education Trust with UNICEF Maharashtra have a new website "**Ten Steps to Successful Breastfeeding**" (see <http://tensteps.org>). The site aims to raise awareness, encourage early adoption, promote training on, and to stimulate dialogue about, breastfeeding. It includes videos, presentations, research, training and counselling materials and many other resources.

Also see: [www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org) and **Facts for Life: Breastfeeding: Why it is important to share and act on this information** <http://breastfeeding.factsforlife.org>.

See: *The Mother and Child Health and Education Trust* <http://motherchildtrust.org> from the CHILD2015 forum [www.child2015.org](http://www.child2015.org).

### Causes of young child mortality in 2008

Of the estimated 8.795 million deaths in children younger than 5 years worldwide in 2008, infectious diseases caused 68% (5.970 million), with the largest percentages due to:

- pneumonia 18% (~1.575 million)
- diarrhoea 15%, (~1.336 million)
- malaria 8%, (~0.732 million).

41% (3.575 million) of deaths occurred in neonates, the most important single causes were:

- preterm birth complications 12%, (~1.033 million)
- birth asphyxia 9%, (~0.814 million)
- sepsis 6%, (~0.521 million)
- pneumonia 4%, (~0.386 million).

See: *Global, regional, and national causes of child mortality in 2008: a systematic analysis*. Black RE et al *Lancet*, [Volume 375, Issue 9730, Pages 1969 - 1987, 5 June 2010](#)

### Maternal mortality: one death every 7 min

99% of all deaths in childbirth are in the least developed countries. Annually, 45 million women deliver without a skilled birth attendant, a situation in which the greatest number of maternal deaths occurs. The commonest single cause of maternal death is from **post-partum haemorrhage**, from which one woman dies every 7 minutes.

From *The Lancet*, vol 375, issue 9728, pp 1762 -1763, 22 May 2010

### Self-study learning materials on MTCT

Online learning material for self-study to enable nurses and doctors to reduce the risk of mother-to-child transmission of HIV can be accessed free at <http://ebwhealthcare.com/content/section/12/37>. Other online courses from **EBW Healthcare** (see below) on mother/child care and HIV are available via this site.

**EBW Healthcare** is a range of books developed by leading healthcare organisations mainly for developing countries. They are published by [Electric Book Works](#) in South Africa. Each book represents a self-managed course that you can take on your own or in a group.

### Misoprostol as an adjunct to standard uterotonics for treatment of post-partum haemorrhage: a multicentre, double-blind randomised trial

Findings from this study do not support clinical use of 600 µg sublingual misoprostol in addition to standard injectable uterotonics for treatment of post-partum haemorrhage.

See: *The Lancet*, *Volume 375, issue 9728, pp 1808 - 1813, 22 May 2010*

### Vitamin A supplements and maternal deaths

A large (207 781 women) cluster-randomised, placebo-controlled trial in Ghana, from the ObaapaVitA Trial Team, shows no benefit on maternal mortality of giving 25 000 IU of vitamin A as a weekly supplement to women of reproductive age. A recent large-scale replication trial in Bangladesh, which assessed supplementation for pregnant women rather than for all women of reproductive age, also reported no effect on pregnancy-related mortality; a trial in Indonesia of multiple micronutrient supplementation with vitamin A gave the same results. The authors state "**..the balance of evidence does not support giving routine vitamin A supplements to women in either safe motherhood or child survival strategies**".

See: *Vitamin A supplementation and maternal mortality* Costello A. & Osrin D. *The Lancet*, *Volume 375, Issue 9727, Pages 1675 - 1677, 15 May 2010*

### Concluding remarks of a speech by Melinda Gates at the Women Deliver conference in June 2010

"In the world we see, health workers in every country will have the tools and training they need to help women and children... In the world we see, women everywhere will have the knowledge and power to save their lives and the lives of their babies. This vision is precious to me and to all of us at the Gates Foundation. And so I'm thrilled to announce the Foundation will invest major new resources to help make this vision a reality.

**Today we're committing new grants worth \$1.5 billion over the next 5 years to support family**

**planning, maternal and child health, and nutrition programs...** We're making a new world for poor women and children. A world in which every birth is a promise. A promise for a better future." The video of the full speech is available at:

[http://www.livestream.com/womendeliver/video?clipId=pla\\_7e848eb5-43eb-41e4-a5d3-e6de7cab31bc&utm\\_source=library&utm\\_medium=ui-thumb](http://www.livestream.com/womendeliver/video?clipId=pla_7e848eb5-43eb-41e4-a5d3-e6de7cab31bc&utm_source=library&utm_medium=ui-thumb)

[seen on HIFA2015 email forum [www.hifa2015.org](http://www.hifa2015.org)]

## Surgery

### Books on surgery

- WHO '**Surgical Care at the District Hospital**' manual is available *free* at [www.who.int/surgery](http://www.who.int/surgery). It is part of the WHO's Integrated Management of Emergency and Essential Surgical Care toolkit which has materials for health providers and managers at first referral level health facilities. These cover surgery, trauma, obstetrics, anaesthesia and the management of health facilities. It also offers materials for policy makers and tools for developing training programmes and curricula in surgery and anaesthesia.
- P. Bewes '**Surgery, A manual for Rural Health Workers**' 2nd edition 2003 is available from AMREF ([www.amref.org/info-centre](http://www.amref.org/info-centre)) – cost US\$14.50
- M King. '**Primary Surgery Texts, Volume 1 Non-Trauma and Volume 2 Trauma**' are available free at [http://ps.cnis.ca/wiki/index.php/Main\\_Page](http://ps.cnis.ca/wiki/index.php/Main_Page). These books were written in the 1990s for low-resources settings. But the basic approach, illustrations and advice are still useful for inexperienced doctors.

**Which other books on surgery do you recommend?**

### Surgery in Africa Monthly Reviews

These reviews are available free at [www.ptolemy.ca/members](http://www.ptolemy.ca/members)

Examples of recent ones are:

- April 2010 "Cryptorchidism - a comprehensive clinical review".
- May 2010 Review, Prevention and Treatment of Cancer of the Cervix in Africa - Part I
- June 2010 Review, "Is Splenic Preservation after Blunt Splenic Injury Possible in Africa?"

Also at this site are archives of reviews since 2005 and a resource library.

### General resources

**Community Eye Health Journal** is a **free print** publication for eye care/health care workers in low income countries. It publishes practical peer-reviewed articles based on research and real-world experience as well as news about resources and events. There are multiple-choice questions in each issue to support readers' continued professional development.

**To get your own free copy**, send your name, organisation, occupation, and postal address to Anita Shah at [admin@cehjournal.org](mailto:admin@cehjournal.org) or Community Eye Health Journal, International Centre for Eye Health, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, United Kingdom. Visit [www.cehjournal.org](http://www.cehjournal.org) for more information and to download current and past issues.

### Palliative care toolkit

This Toolkit is to help health workers in resource-limited settings to integrate palliative care into their work and their communities. It provides a 'can do' approach to delivering care to those with life-limiting diseases. There is a training manual to support training in using the Toolkit. You can download the toolkit and manual at <http://www.helpthehospices.org.uk/our-services/international/what-we-do-internationally/education-and-training/palliative-care-toolkit>. Hard copies may be available – write to [info@helpthehospices.org.uk](mailto:info@helpthehospices.org.uk)

### Oxford Textbook of Medicine online

Oxford University Press has made this textbook available online via HINARI\*. So you should be able to access it at the Resource Centre at Juba Teaching Hospital – go to <http://www.who.int/hinari/en>. In print, this 5th edition (2010) of the textbook is ~ 6,000 pages long. The online version gives the full text, figures, and illustrations found in the print version, as well as navigation, search, and browse tools, and links to sources of related readings. Images can be downloaded to PowerPoint. It will be updated each year. Also available via HINARI are 21 other titles in human health and nutrition.

\* The Programme for Access to Health Research (HINARI) provides free online access to many major journals to not-for-profit institutions in developing countries, including South Sudan.

**Pediatric ONCALL** is a part of the **ONCALL website** to which you can send difficult cases for help with diagnosis – see <http://www.pediatriconcall.com/fordocor/diagnosisdilemma/listdilemma.aspx>

**ONCALL** is a web-based medical information and education tool with an extensive network of doctors as registered members of the site. For practising physicians the website serves as an important source of updating themselves, which helps them in the state of art practice of medicine. The site is a very interactive platform for doctors to discuss diagnostic dilemmas, learn from the teaching files and enjoy the discussion groups.' See <http://www.pediatriconcall.com>.

[Seen on the email forum CHILD2015 [www.child2015-forum](http://www.child2015-forum)]

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## Notices

### Doctors are urgently needed at the Juba Medical Centre, Southern Sudan



SERVICE & DEVELOPMENT

The **Juba Medical Centre (JMC)** needs a General Surgeon, a Paediatrician, two Senior House Officers and two specialist Registrars to be attached to the following specialities: Medicine, Surgery, Obstetrics and Gynaecology and Paediatrics.

This is a newly established sixty bedded Hospital which opens in the first week of August 2010. It is the first modern hospital in the Southern Sudan to be equipped with three operating theatres, a CT scanner, modern ultrasonographic equipment, conventional X-ray facilities and a clinical laboratory.

Accommodation for staff is under development but interim accommodation arrangements for those willing to start in August 2010 will be put in place. Competitive rates of pay will be offered. UK and European doctors will gain a unique tropical clinical experience and will be offered periods of service varying from three months to one year in the first instance.

Please contact **Dr Ronald Woro**, Chief Physician and Medical Director at [ronaldworo@hotmail.com](mailto:ronaldworo@hotmail.com)

### South Sudan Doctors' Association

The **South Sudan Doctors' Association (SOSDA)** is a non-governmental, non-profit professional organization established in 2005 by South Sudanese doctors in Sudan.

SOSDA strives to work with the people of South Sudan in all sectors to restore the basic and quality health service which is accessible to all irrespective of sex, tribe or religion.

**Vision:** A quality health service for people of South Sudan.

**Mission:** SOSDA exists to ensure healthy and productive generations in South Sudan, through quality, accessible and affordable health services.

#### Objectives:

The main objective of the Association is to ensure quality health services for the people of South Sudan.

The specific objectives of the Association are:

- ◆ To enhance the role and contribution of medical doctors in the development of health services.
- ◆ To act as a forum for expressing doctors views with regards to the prevailing health problems and their solutions
- ◆ To promote the ethics, norms and tradition of the medical profession.
- ◆ To advocate and protect the rights of health professionals.
- ◆ To improve the working and living conditions of health professionals.
- ◆ To strengthen relations among health professionals and promote the spirit of cooperation and group work.

#### Activities

The main activities of the Association shall include:

- ◆ Representing and speaking on behalf of health professionals.
- ◆ Encouraging and participating in the training of health professionals.
- ◆ Participating in raising health awareness in the community.
- ◆ Encouraging and supporting scientific research and conducting conferences, workshops and symposia on health issues.

- ◆ Seeking scholarships and soliciting funds for training of health professionals.
- ◆ Giving technical support and advice to the health authorities.
- ◆ Participating in planning and coordinating health activities with other organizations.
- ◆ Conducting social and recreational activities to enhance relations among the health professionals.
- ◆ Organizing fund-raising activities.

## **Membership**

### **a. Types of Membership:**

There are three types of Membership: members, affiliated members and honorary members.

- ◆ Members are graduates of colleges of medicine, dentistry and pharmacy and registered in the Sudan Medical Council.
- ◆ Affiliated members are the paramedical staff and students of medicine, dentistry and pharmacy.
- ◆ Honorary members: are persons or groups who are awarded SOSDA membership for their contribution to health services in South Sudan or SOSDA.

### **b. Conditions of membership:**

The Membership of the Association is open to all South Sudanese Doctors who accept the Association's objectives and undertake to abide by the Constitution. Members and affiliated members fill in membership forms and pay registration fees fixed by the executive committee.