



Were you paying attention? Test your retentive capacities on issues raised in this edition of *Africa Health*. You can quietly test yourself, or – and we're particularly keen on this – you could make it a part of the foundation of a Journal Club in your department or health institution. Life-long learning is a collaborative exercise and the whole health team can be positively stimulated by being involved in such discussion.

Q1. eHealth case study

- i) As part of the digitisation, what was provided to the healthcare workers (HCWs)?
- ii) What did a medical doctor train the HCWs on?

Q2. Clinical Review: STIs

- i) What new strategies and guidelines on sexually transmitted infections has the World Health Organization (WHO) produced?
- ii) Why are new guidelines needed for treatment of gonorrhoea?
- iii) What is being done to make sure gonorrhoea can be effectively treated?

Q3. Clinical Review: Family Medicine

- i) For each of the following statements indicate whether it is true or false:
 - a) Intimate partner violence (IPV) relates specifically to sexual violence.
 - b) There is good evidence of an association between IPV, HIV and mental health.

- c) The WAST-Short is a good screening tool with high sensitivity.
- d) IPV is associated with greater HIV risk and poorer adherence to ARV medication.

- ii) The burden of disease of mental, neurological and substance abuse disorders globally increased between 1990 and 2010 by what per cent?
- iii) How can clinicians better assist their patients in a context of severe shortages of mental health practitioners?

Q4. Clinical Review: Ophthalmology

- i) Which of the following statements about OSSN in Africa are true?
 - a) OSSN is strongly linked to HIV infection.
 - b) OSSN occurs mostly in elderly men in Africa.
 - c) A four-week course of 1% 5-FU drops reduces the risk of recurrence following excision.
 - d) The prevalence of OSSN is lower in Africa than in other parts of the world.
- ii) What is the best way of distinguishing OSSN from benign ocular surface lesions?

Answers

- Q1. i) The HCWs were provided with WiFi-enabled smartphones, laptops, phone credit, and Internet connectivity.
- ii) The HCWs were trained on disease diagnostics, administering medicines, medicine supply usage, sanitation practices, and medical procedures.
- Q2. i) The WHO recently adopted a 'Global health sector strategy on Sexually Transmitted Infections, 2016-2021' which provides the global status of STIs, outlines a framework for addressing infections, and defines measurable goals for 2020 and 2030. The WHO has also developed new treatment guidelines for gonorrhoea, syphilis, chlamydia, and herpes simplex virus 2.
- ii) *Neisseria gonorrhoeae*, the bacterium that causes gonorrhoea, evolves rapidly and develops microbial resistance against many of the drugs used to treat the disease. As antimicrobial resistance spreads, there is need to test for local resistance, and to prescribe antibiotics that are effective against the bacteria. Laboratory tests that enable molecular testing for gonorrhoea as well as determine the antimicrobial resistance of the bacteria are being developed. Knowing the specific antimicrobial resistance of *N. gonorrhoeae* in a patient at diagnosis would enable targeted prescribing of effective drugs. A new class
- Q3. i) a) False
b) True
c) False
d) True
- ii) 3.1% (from 7.3 to 10.4%).
- Q4. i) Which of the following statements about OSSN in Africa are true?
a) True – OSSN is much more common in patients with HIV.
b) False – In industrialised countries, this is true, but in Africa, it is slightly more frequent in women and occurs at a much earlier age.
c) True.
d) False – OSSN is more common in Africa.
- ii) Excision biopsy and histopathology. OSSN cannot be distinguished from benign conditions on clinical grounds alone. All suspicious lesions should be removed and sent for histopathological examination.

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