CAMEROON'S PREMIER HEALTH INFORMATION DIGEST

B&T

BIODIAGNOSTICS AND THERAPY

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# COVID-19: NEW CASES SPIKE IN CAMEROON

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# SOBACCUL

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and the community
one member at a time.


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**BIODIAGNOSTICS & THERAPY** is a publication of SAINT ALBERT CHARITY. **B & T** is open to anyone with an interest in improving healthcare. The digest aims at all those with an interest in the creation, exchange and use of relevant, practical healthcare information for researchers, medical doctors, family carers, primary health workers, district-level health care providers, community healthcare workers & medical students in training. Above all, the digest aims at influencing healthcare policies in Cameroon.

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# UP FRONT

SAINT ALBERT CHARITY

Dear Beloved Reader,

First, let me share my hope that you and your loved ones are safe and well.

The dangers and uncertainty of the COVID-19 pandemic continue to affect all of our families, but we know that communities with limited access to even basic health care are especially at risk.

We must keep our promise to the families we serve. You can help.

At Saint Albert Charity, our response to this unprecedented crisis is two-fold:

- Working to curb the spread of infection among vulnerable communities in most especially the North West and South West Regions of Cameroon, and
- Ensuring that our core life-saving programs can continue reaching the families who most need them.

Fortunately, thanks to an extraordinary promise from our humble team, the positive impact of your gift today is also two-fold!

Donate now and we promise, we will match your gift CFA-for-CFA as new cases of COVID-19 continue to spike in Cameroon.

*Your generous gift can make a truly life-saving difference. Here are just a few of the ways:*

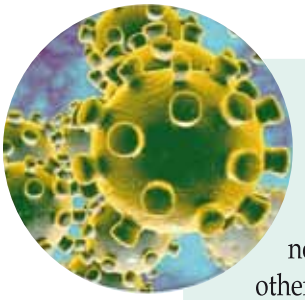
- Ensuring that communities receive vital information about how to prevent transmission of the coronavirus;
- Delivering hygiene essentials that are too often lacking in impoverished regions of the North West and the South West - household handwashing stations and even soap;
- Providing treatment for children suffering from acute malnutrition - a deadly condition that's destined to escalate as the pandemic and the social unrest interrupts food supplies;
- Sustaining the delivery of the vitamin A supplements that are essential to protecting the sight and immune systems of children under five; and
- Supporting women farmers — protecting their families' nutrition and livelihoods - by distributing fast-growing vegetable seeds and safely engaging local traders to buy produce while markets are temporarily closed.

Beloved Reader, any amount you can give now will be matched - unlocking twice the positive impact for families in great need.

During this challenging time, we have been so inspired by the committed efforts of our national family. Together, we can ensure that the communities most at risk can better protect themselves - and continue building their resilience to future crises.

With my deepest thanks for your timely support today,

Maurice Tiibam Kube
Project Coordinator



## COVID-19 CAN START WITH NEUROLOGICAL SYMPTOMS

**Steven Reinberg HealthDay Reporter**

While a fever and cough have seemed to be the early warning signs of COVID-19, new research shows almost half of hospitalized patients in the United States of America experience a host of neurological problems. In fact, headaches, dizziness, strokes, weakness, decreased alertness or other neurological symptoms can appear before the more commonly known symptoms of infection with the new coronavirus (known as SARS-COV-2), the researchers said.

Those neurological symptoms can also include loss of smell and taste, seizures, muscle pain and difficulty concentrating. "It's important for the general public and physicians to be aware of this, because a SARS-COV-2 infection may present with neurologic symptoms initially, before any fever, cough or respiratory problems occur," said researcher Dr. Igor Koralnik. He is chief of neuro-infectious diseases and global neurology, and a professor of neurology at Northwestern University Feinberg School of Medicine, in Chicago. For the study, Koralnik's team looked at all COVID-19 patients hospitalized at Northwestern Medicine, to see how often neurological complications appeared and how they responded to treatment.

"This understanding is key to direct appropriate clinical management and treatment," Koralnik said in a Northwestern news release. The virus can affect the whole nervous system -- the brain, spinal cord, nerves and muscles. COVID-19 can also affect the lungs, kidneys, heart and brain, he said. Last, but not least, the virus can infect the brain. Moreover, the reaction of the immune system to the infection can cause inflammation that can damage the brain and nerves, Koralnik added. Because little is known about the long-term effects of the virus, the researchers intend to follow patients with neurological problems, to see how they do over time.

*The report was published online June 7 in the Annals of Neurology.*

## COVID-19 AND DIABETES


Everyone needs to be careful to avoid the coronavirus that causes COVID-19.

If you have type 1 or type 2 diabetes, you should be even more cautious.

Your risk of catching the virus isn't higher than anyone else's. But you could have worse complications if you do get sick. That's especially true if your diabetes isn't well-controlled.

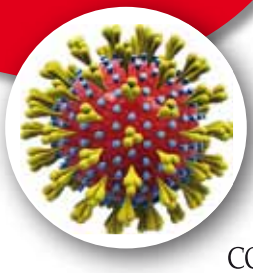
***To reduce your chance of getting infected:***

• Keep your distance from other people. • Use good hygiene. • Keep your blood sugar under control. Have a plan in place in case you get sick. Early studies have shown that about 25% of people who went to the hospital with severe COVID-19 infections had diabetes. Those with diabetes were more likely to have serious complications and to die from the virus. One reason is that high blood sugar weakens the immune system and makes it less able to fight off infections. Your risk of severe coronavirus infection is even higher if you also have another condition, like heart or lung disease. If you do get COVID-19, the infection could put you at greater risk for diabetes complications like diabetic ketoacidosis (DKA). DKA happens when high levels of acids called ketones build up in your blood. It can be very serious. Some people who catch the new coronavirus have a dangerous body-wide response to it, called sepsis. To treat sepsis, doctors need to manage your body's fluid and electrolyte levels. DKA causes you to lose electrolytes, which can make sepsis harder to control.

***Tips to Avoid Infection***

The best way to avoid getting sick is to stay home as much as you can. Under the Americans With Disabilities Act, people with diabetes have the right to "reasonable accommodations at work." That includes the right to work from home or take sick leave when you need it. If you have to go out, keep at least 6 feet away from other people, and wear a cloth face mask. Wash your hands or use hand sanitizer often while you're out and when you get home. Also wash your hands before you give yourself a finger stick or insulin shot. Clean each site first with soap and water or rubbing alcohol.

To protect you, everyone in your house should wash their hands often, especially before they cook for the family. Don't share any utensils or other personal items. And if anyone in your house is sick, they should stay in their own room, as far as possible from you. They should wear a cloth face mask when you have to be in the same room.



# WHAT IS COVID-19?

**Coronavirus disease 2019, or COVID-19, is a disease that can cause what doctors call a respiratory tract infection. It can affect your upper respiratory tract (sinuses, nose, and throat) or lower respiratory tract (windpipe and lungs).**
**The COVID-19 outbreak quickly spread around the world. It spreads the same way other coronaviruses do, mainly through person-to-person contact. Infections range from mild to serious.**

**Nayah Larissa Yong**
**B&T Reporter**

COVID-19 is one of seven types of coronavirus, including the ones that cause severe diseases like Middle East respiratory syndrome (MERS) and sudden acute respiratory syndrome (SARS). The other coronaviruses cause most of the colds that affect us during the year but aren't a serious threat for otherwise healthy people.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. The best way to prevent and slow down transmission is being well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol based rub frequently and not touching your face.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow). At this time, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments. WHO will continue to provide updated information as soon as clinical findings become available.

Most coronaviruses aren't dangerous. But in early 2020, after a December 2019 outbreak in China, the World Health Organization identified a new type of coronavirus. Officials named this new virus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). This is the virus that causes COVID-19.

***Know the symptoms***

## COVID-19 Early symptoms include:

Fever
Dry Cough
Fatigue

The virus can lead to pneumonia, respiratory failure, septic shock, and death. If you notice these severe symptoms in yourself or a loved one, get medical attention right away:

Trouble breathing or shortness of breath
Ongoing chest pain or pressure
New confusion, Can't wake up
Bluish lips or face

If you're exposed and infected, symptoms can show up in as few as 2 days or as many as 14. It varies from person to person

***The most common symptoms and the percentage of people who have them include:***

Fever: 88%
Dry cough: 68%
Fatigue: 38%
Coughing up sputum, or thick phlegm, from the lungs: 33%
Shortness of breath: 19%
Bone or joint pain: 15%
Sore throat: 14%
Headache: 14%
Chills: 11%
Nausea or vomiting: 5%
Stuffy nose: 5%
Diarrhea: 4%
Coughing up blood: 1%
Swollen eyes: 1%

## COVID-19 Fact or Myth

COVID-19 virus can be transmitted in areas with hot and humid climates. From the evidence so far, the COVID-19 virus can be transmitted in ALL AREAS, including areas with hot and humid weather.

ate, adopt protective measures if you live in, or travel to an area reporting COVID-19. The best way to protect yourself against COVID-19 is by frequently cleaning your hands. By doing this you eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth, and nose.

## Cold weather and snow CANNOT kill the new coronavirus.

There is no reason to believe that cold weather can kill the new coronavirus or other diseases. The normal human body temperature remains around 36.5°C to 37°C, regardless of the external temperature or weather. The most effective way to protect yourself against the new coronavirus is by frequently cleaning your hands with alcohol-based hand rub or washing them with soap and water.

## Taking a hot bath does not prevent the new coronavirus disease

Taking a hot bath will not prevent you from catching COVID-19. Your normal body temperature remains around 36.5°C to 37°C, regardless of the temperature of your bath or shower. Actually, taking a hot bath with extremely hot water can be harmful, as it can burn you. The best way to protect yourself against COVID-19 is by frequently cleaning your hands. By doing this you eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth, and nose.

## The new coronavirus CANNOT be transmitted through mosquito bites

To date there has been no information or evidence to suggest that the new coronavirus could be transmitted by mosquitoes. The new coronavirus is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose. To protect yourself, clean your hands frequently with an alcohol-based hand rub or wash them with soap and water. Also, avoid close contact with anyone who is coughing and sneezing.

## Are hand dryers effective in killing the new coronavirus?

No. Hand dryers are not effective in killing the 2019-nCoV. To protect yourself against the new coronavirus, you should frequently clean your hands with an alcohol-based hand rub or wash them with soap and water. Once your hands are cleaned, you should dry them thoroughly by using paper towels or a warm air dryer.

## Can an ultraviolet disinfection lamp kill the new coronavirus?

UV lamps should not be used to sterilize hands or other areas of skin as UV radiation can cause skin irritation.

## How effective are thermal scanners in detecting people infected with the new coronavirus?

Thermal scanners are effective in detecting people who have developed a fever (i.e. have a higher than normal body temperature) because of infection with the new coronavirus. However, they cannot detect people who are infected but are not yet sick with fever. This is because it takes between 2 and 10 days before people who are infected become sick and develop a fever.

## Can spraying alcohol or chlorine all over your body kill the new coronavirus?

No. Spraying alcohol or chlorine all over your body will not kill viruses that have already entered your body. Spraying such substances can be harmful to clothes or mucous membranes (i.e. eyes, mouth). Be aware that both alcohol and chlorine can be useful to disinfect surfaces, but they need to be used under appropriate recommendations.

## Do vaccines against pneumonia protect you against the new coronavirus?

No. Vaccines against pneumonia, such as pneumococcal vaccine and Haemophilus influenza type B (Hib) vaccine, do not provide protection against the new coronavirus. The virus is so new and different that it needs its own vaccine. Researchers are trying to develop a vaccine against 2019-nCoV, and WHO is supporting their efforts. Although these vaccines are not effective against 2019-nCoV, vaccination against respiratory illnesses is highly recommended to protect your health.

## Can regularly rinsing your nose with saline help prevent infection with the new coronavirus?

No. There is no evidence that regularly rinsing the nose

with saline has protected people from infection with the new coronavirus. There is some limited evidence that regularly rinsing nose with saline can help people recover more quickly from the common cold. However, regularly rinsing the nose has not been shown to prevent respiratory infections.

## Can eating garlic help prevent infection with the new coronavirus?

Garlic is a healthy food that may have some antimicrobial properties. However, there is no evidence from the current outbreak that eating garlic has protected people from the new coronavirus.

## Does the new coronavirus affect older people, or are younger people also susceptible?

People of all ages can be infected by the new coronavirus (2019-nCoV). Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus. WHO advises people of all ages to take steps to protect themselves from the virus, for example by following good hand hygiene and good respiratory hygiene.

## Are antibiotics effective in preventing and treating the new coronavirus?

No, antibiotics do not work against viruses, only bacteria. The new coronavirus (2019-nCoV) is a virus and, therefore, antibiotics should not be used as a means of prevention or treatment. However, if you are hospitalized for the 2019-nCoV, you may receive antibiotics because bacterial co-infection is possible.

## Are there any specific medicines to prevent or treat the new coronavirus?

To date, there is no specific medicine recommended to prevent or treat the new coronavirus (2019-nCoV). However, those infected with the virus should receive appropriate care to relieve and treat symptoms, and those with severe illness should receive optimized supportive care. Some specific treatments are under investigation, and will be tested through clinical trials. WHO is helping to accelerate research and development efforts with a range of partners.

## Basic protective measures against the new coronavirus

Stay aware of the latest information on the COVID-19 outbreak. Most people who become infected experience mild illness and recover, but it can be more severe for others. Take care of your health and protect others by doing the following:

## Wash your hands frequently

Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water. Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.

## Maintain social distancing

Maintain at least 1-meter distance between yourself and anyone who is coughing or sneezing. When someone coughs or sneezes they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.

## Avoid touching eyes, nose and mouth

Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.

## Practice respiratory hygiene

Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately. Droplets spread virus. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.

## Stay home if you feel unwell

If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. Follow the directions of your local health authority. National and local authorities will have the most up to date information on the situation in your area.

Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections.

Stay informed and follow advice given by your health-care provider

Stay informed on the latest developments about COVID-19. Follow advice given by your healthcare provider, your national and local public health authority or your employer on how to protect yourself and others from COVID-19. National and local authorities will have the most up to date information on whether COVID-19 is spreading in your area. They are best placed to advise on what people in your area should be doing to protect themselves.

## Measures for persons who are in or have recently visited (past 14 days) areas where COVID-19 is spreading

Stay at home if you begin to feel unwell, even with mild symptoms such as headache and slight runny nose, until you recover. Avoiding contact with others and visits to medical facilities will allow these facilities to operate more effectively and help protect you and others from possible COVID-19 and other viruses. If you develop fever, cough and difficulty breathing, seek medical advice promptly as this may be due to a respiratory infection or other serious condition. Call in advance and tell your provider of any recent travel or contact with travelers. Why? Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also help to prevent possible spread of COVID-19 and other viruses.

## Stress and Coping with COVID-19

The outbreak of coronavirus disease 2019 (COVID-19) may be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children. Coping with stress will make you, the people you care about, and your community stronger.

Everyone reacts differently to stressful situations. How you respond to the outbreak can depend on your background, the things that make you different from other people, and the community you live in.

People who may respond more strongly to the stress of a crisis include:

* Older people and people with chronic diseases who are at higher risk for COVID-19
* Children and teens
* People who are helping with the response to COVID-19, like doctors and other health care providers, or first responders
* People who have mental health conditions including problems with substance use

## Stress during an infectious disease outbreak can include:

* Fear and worry about your own health and the health of your loved ones
* Changes in sleep or eating patterns
* Difficulty sleeping or concentrating
* Worsening of chronic health problems
* Increased use of alcohol, tobacco, or other drugs

People with preexisting mental health conditions should continue with their treatment and be aware of new or worsening symptoms.

Taking care of yourself, your friends, and your family can help you cope with stress. Helping others cope with their stress can also make your community stronger.

Things you can do to support yourself:

* Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
* Take care of your body. Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.
* Make time to unwind. Try to do some other activities you enjoy.
* Connect with others. Talk with people you trust about your concern and how you are feeling.

## Reduce stress in yourself and others

Sharing the facts about COVID-19 and understanding the actual risk to yourself and people you care about can make an outbreak less stressful. When you share

accurate information about COVID-19 you can help make people feel less stressed and allow you to connect with them.

## For parents:

Children and teens react, in part, on what they see from the adults around them. When parents and caregivers deal with the COVID-19 calmly and confidently, they can provide the best support for their children. Parents can be more reassuring to others around them, especially children, if they are better prepared. Not all children and teens respond to stress in the same way. Some common changes to watch for include

* Excessive crying or irritation in younger children
* Returning to behaviors they have outgrown (for example, toileting accidents or bedwetting)
* Excessive worry or sadness
* Unhealthy eating or sleeping habits
* Irritability and "acting out" behaviors in teens
* Poor school performance or avoiding school
* Difficulty with attention and concentration
* Avoidance of activities enjoyed in the past
* Unexplained headaches or body pain
* Use of alcohol, tobacco, or other drugs

## There are many things you can do to support your child:

* Take time to talk with your child or teen about the COVID-19 outbreak. Answer questions and share facts about COVID-19 in a way that your child or teen can understand.
* Reassure your child or teen that they are safe. Let them know it is ok if they feel upset. Share with them how you deal with your own stress so that they can learn how to cope with you.
* Limit your family's exposure to news coverage of the event including social media. Children may misinterpret what they hear and can be frightened about something they do not understand.
* Try to keep up with regular routines. If schools are closed, create a schedule for learning activities and relaxing or fun activities.
* Be a role model. Take breaks, get plenty of sleep, exercise, and eat well. Connect with your friends and family members.

## For responders:

Responding to COVID-19 can take an emotional toll on you. There are things you can do to reduce secondary traumatic stress (STS) reactions:

* Acknowledge that STS can impact anyone helping families after a traumatic event.
* Learn the symptoms including physical (fatigue, illness) and mental (fear, withdrawal, guilt).
* Allow time for you and your family to recover from responding to the pandemic.
* Create a menu of personal self-care activities that you enjoy, such as spending time with friends and family, exercising, or reading a book.
* Take a break from media coverage of COVID-19.
* Ask for help if you feel overwhelmed or concerned that COVID-19 is affecting your ability to care for your family and patients as you did before the outbreak.

For people who have been released from quarantine: Being separated from others if a healthcare provider thinks you may have been exposed to COVID-19 can be stressful, even if you do not get sick. Everyone feels differently after coming out of quarantine. Some feelings include:

* Mixed emotions, including relief after quarantine
* Fear and worry about your own health and the health of your loved ones
* Stress from the experience of monitoring yourself or being monitored by others for signs and symptoms of COVID-19
* Sadness, anger, or frustration because friends or loved ones have unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious
* Guilt about not being able to perform normal work or parenting duties during the quarantine
* Other emotional or mental health changes

Children may also feel upset or have other strong emotions if they, or someone they know, has been released from quarantine. You can help your child cope.

# "COROCUR WAS BORNE OUT OF AN EMERGENCY FAMILY HEALTH SITUATION"
## - DR. EULOGE YIAGNIGNI

**The Yaounde-based cardiologist is amongst a growing number of Cameroonians who have found a cure for the deadly Coronavirus. In acknowledgement of his medical research prowess, warm reception and care of patients in his clinic, the medic was recently awarded a sub-regional prize on best medical practice, writes Kimeng Hilton NDUKONG.**

***Dr. Mfoupou's Promoters of Good Health Clinic is renowned for its warm welcome and care for patients.***
***Dr. Euloge Yiagnigni Mfopou recently won a Central African sub-regional prize for his discovery of a coronavirus cure, Corocur. Located adjacent the Neptune Filling Station at CRADAT***

Dr Euloge Yiagnigni Mfopou is a cardiologist or heart specialist. He has been in practice for over 10 years now, with his Promoters of Good Health Clinic located in the CRADAT neighbourhood of Yaounde. The medic was until now known by a number of people to whom he rendered quality medical services in the past. But recently shot into medical research limelight after discovering Corocur, a Cameroonian plant extract that helps in treating cases of Coronavirus in advanced stage.

"Corocur has so far been administered on 122 people who tested positive for Coronavirus and they were all cured," says Dr Mfopou of his discovery. Interestingly, the discovery was borne out of a family health emergency. "In late April 2020, my cousin took seriously sick and was diagnosed to be Coronavirus positive. All the antibiotics I administered on him did not change the situation," the medical doctor recollects.

It was then he began thinking hard if there was nothing in local traditional medicine that could relieve his cousin's suffering. After a literature review of more than 100 Cameroonian medicinal plants, he came across one that could handle the main symptoms associated with Coronavirus. These inflammations, severe cough, the presence of bacteria and viruses, and weak immune system. Fortunately for him, the plant from which the extract was gotten is commonly taken in Cameroonian meals. And does not pose any health risks.

"After administering it on my cousin, I was surprised to find out that that the cough diminished after 12 hours. And 24 hours after, his temperature went down such that he even asked for food! Today, my cousin is completely cured after testing Coronavirus negative," recalls Dr Yiagnigni with a broad smile. Patients in confinement who receive Corocur alongside antibiotics test negative after some days of treatment. While most of those who only take antibiotics remain positive, the medic explains.

So far, the cure has been used by 122 patients who were all cured. It should however be made clear that Corocur is only administered on patients with mild and moderate stages of Coronavirus disease; not those with very severe cases requiring admission into intensive care. Corocur is administered for free on patients who accept to be part of Dr Mfopou's research by signing a consent form.

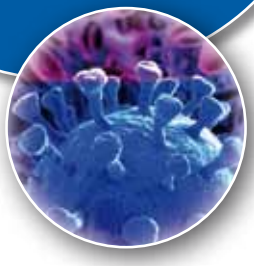
After the successful treatment of the first 15 cases, Dr Mfopou decided to make public his findings. He wrote to the Minister of Public Health, Dr Malachie Manaouda on May 7, 2020, informing him of the discovery of Corocur. The Minister replied on May 13, 2020, saying he had taken note, and requested Mfopou to furnish him with scientific evidence of his work and how he intends to carry out the study. The reply to the request sent to the National Scientific Ethics Committee will be one of the major documents to be submitted to the Minister, Mfopou explains.

Meanwhile, Dr Euloge Yiagnigni Mfopou on June 11, 2020 submitted a 62-page research proposal to the National Scientific Ethics Committee for approval in order for him to pursue his research on his Corocur cure. It contains the steps he will undertake in carrying more trials of Corocur. "The committee will see into it that the trial respects norms, given that it is made up of great scientists and researchers. This is to ensure that the research results are at the end accepted by the scientific and medical communities, the study is carried out in safe conditions, and those who receive Corocur treatment are protected," he notes.

In a related development, Dr Euloge Yiagnigni Mfopou was on Friday, June 12, 2020, in Yaounde awarded the Sub-regional Best Medical Practices Award for Central Africa. The ceremony was attended amongst others by the Minister of Special Duties at the Presidency, Philippe Mbarga Mboa, and the Minister Delegate in the Ministry of Transport, Njoya Zakariaou. The prize was awarded by the International Committee for Excellence, ICE Consulting, with headquarters in Ndjamena, Chad.

In his citation at the ceremony, Alain Y. Fofie, the Chair of the Jury, said Mfopou was awarded the prize "as encouragement and recognition of his spirit of excellence and innovation in the care of patients." Fofie noted for example, the discovery by the cardiologist of a plant extract, Corocur, which is used in treating Coronavirus. He is also credited with a great sense of personal excellence and professionalism. The Chair of the Jury lauded

Dr Mfopou for his clinic's warm welcome, compassion and care of patients, technical platform, dynamism and personal talent, and urged him to continue in the same vein.



# COVID-19:
## NEW CASES SPIKE IN CAMEROON

The Cameroonian Ministry of Health announced that as of July 29, 2020, Cameroon had 17 225 confirmed COVID-19 cases, 15 320 recovered and 387 deaths, 1 548 active cases, 155 hospitalized including 09 on oxygen. 149 000 tests having been performed with a healing rate of 88.76%, lethality rate of 2.2% and severity rate of 0.5%.

Cameroon's Ministry of Public Health has developed a preparedness plan for COVID-19, including active surveillance at points of entry, in-country diagnostic capacity at the national reference laboratory, and designated isolation and treatment centers. WHO and the U.S. Centers for Disease Control and Prevention (CDC) are providing technical support and closely monitoring the situation in Cameroon.

### Quarantine Information

Isolation and treatment centers have been set up at Yaoundé Central Hospital, Laquintinie Hospital in Douala, Garoua Regional Hospital, and Kribi District Hospital for people who meet the case definition for COVID-19.

**Cameroon**

Coronavirus Cases:

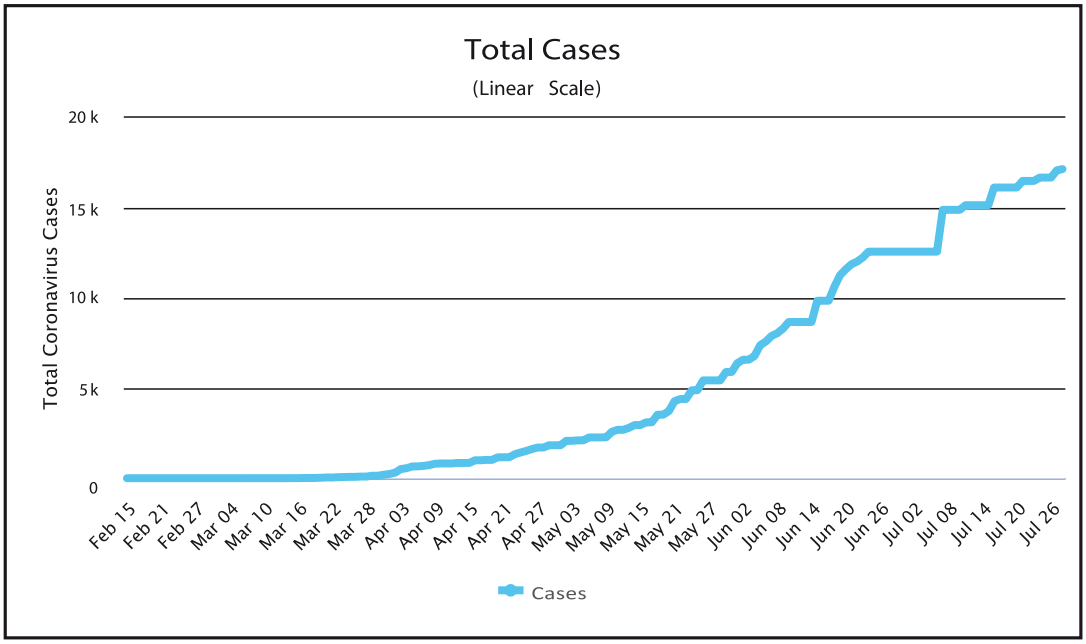
**17,255**

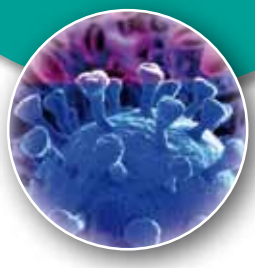
Deaths:

**387**

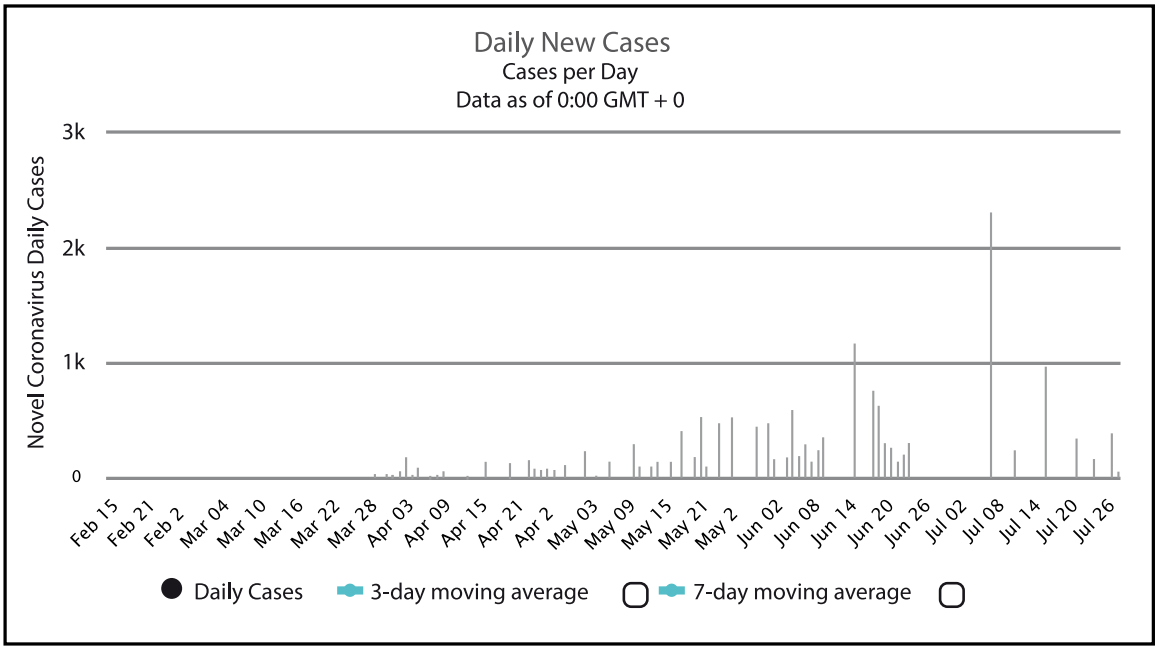
Recovered: **15,320**

### Total Cases

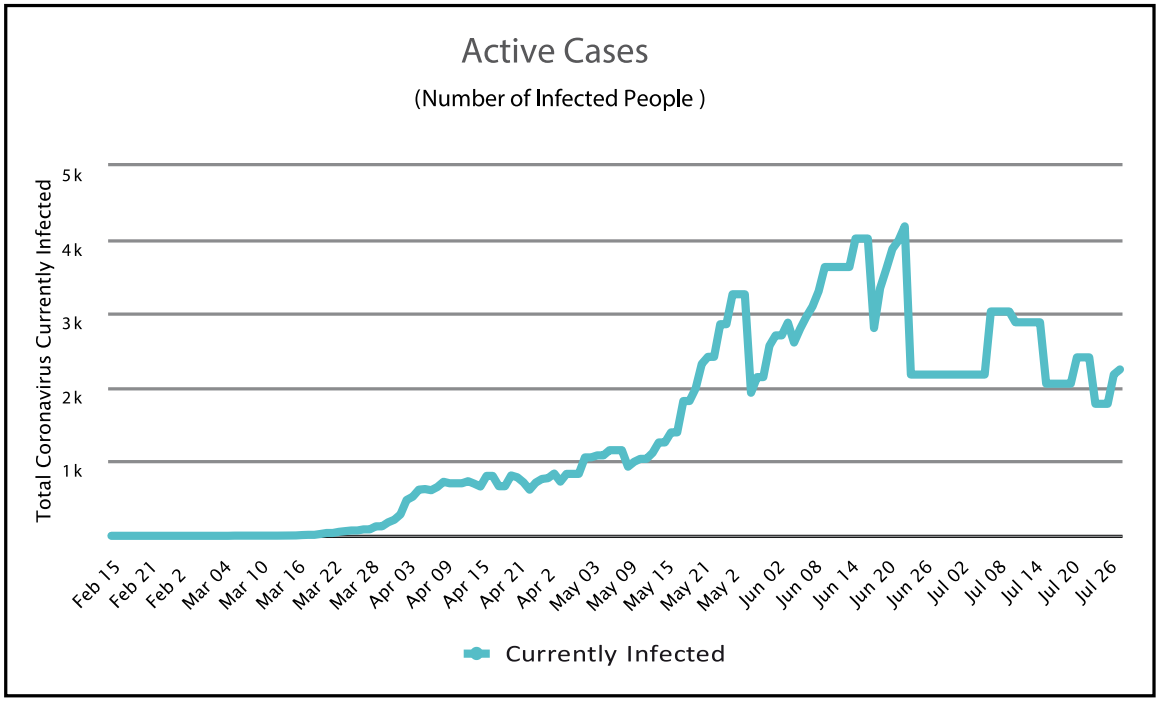




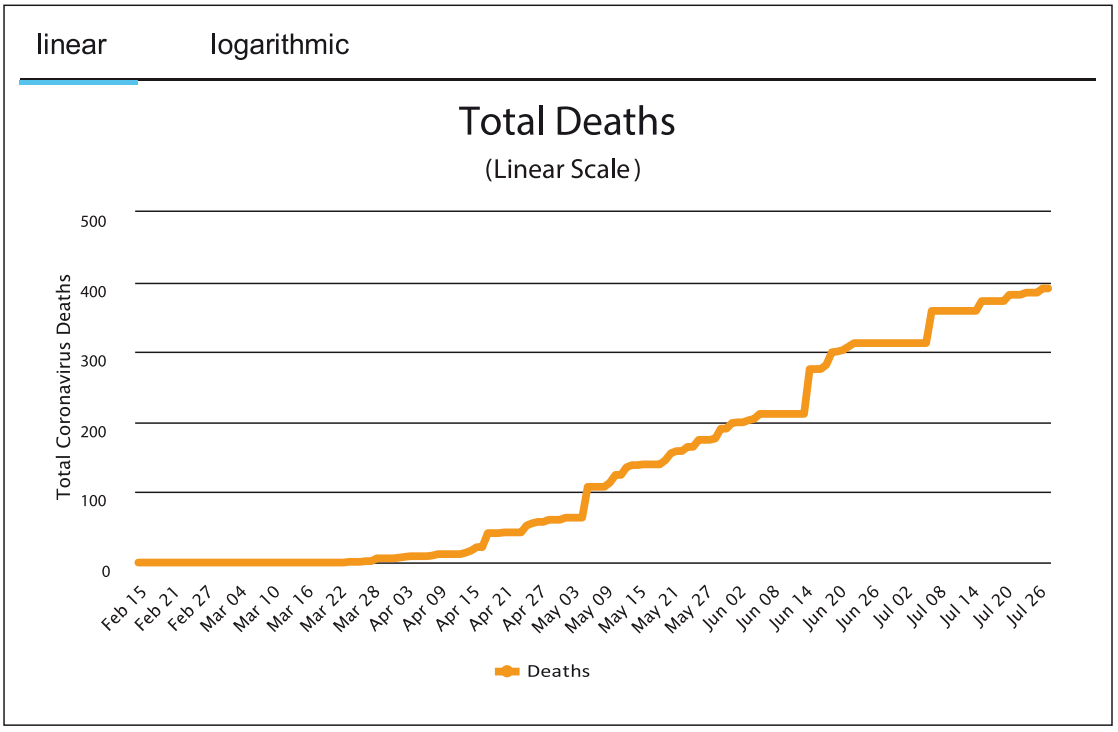
## Daily New Cases in Cameroon



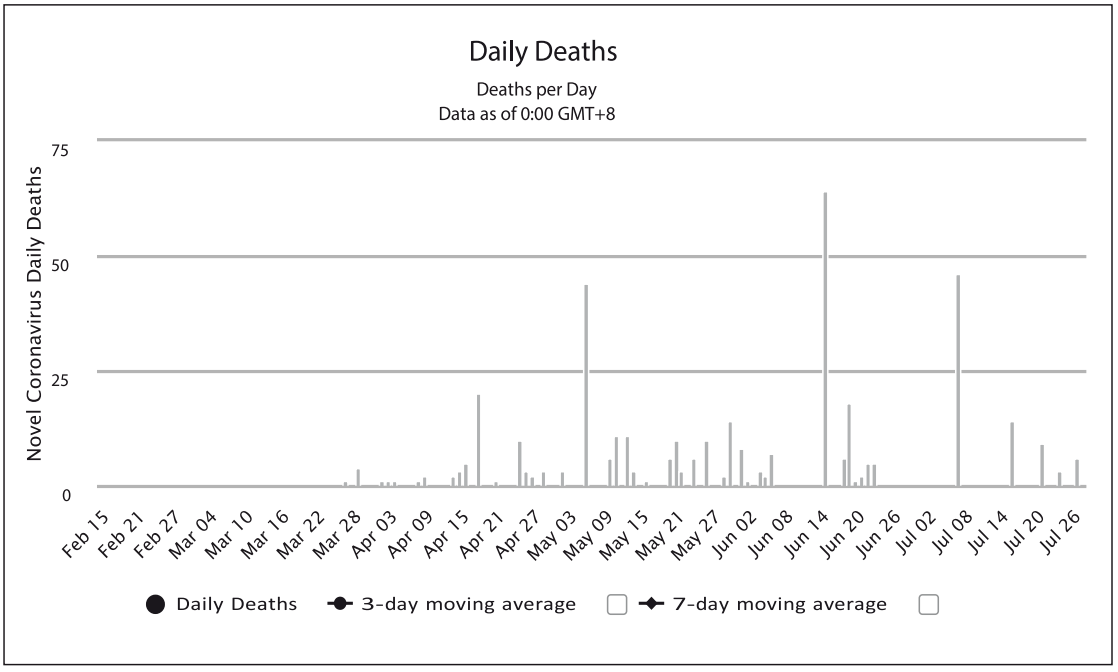

## Active Cases in Cameroon



## Total Coronavirus Deaths in Cameroon




## Daily New Deaths in Cameroon



# HIGH BLOOD PRESSURE IN CHILDREN

Ulrich
Mary Yong
B&T
Reporter

Most people think of high blood pressure, also known as hypertension, as a condition that affects older people. But high blood pressure actually affects people of all ages -- including young children.

Why is high blood pressure in children a growing problem? What can you do to protect your child from this threat? The first step is to learn all you can about high blood pressure in children, its causes, consequences, and treatment.

## What is high blood pressure in children?

Blood pressure is the force of blood as it flows through the body's vessels. Under normal conditions, the heart pumps blood through the vessels all over the body. The vessels widen and contract as needed to keep blood flowing well. In a person with hypertension, however, the blood pushes too hard against the blood vessels, which can cause damage to blood vessels, the heart, and other organs.

It's easy for adults to tell if they have high blood pressure simply by having blood pressure checks and comparing the numbers to a simple chart. Children have the same tests; however, interpreting the numbers is trickier. Your child's doctor will use charts based on your child's sex, height, and blood pressure numbers to determine whether or not your child has high blood pressure.

## How high blood pressure affects children

As in adults, high blood pressure in children can result in serious, long-term health effects, including:

Continue Reading Below

- Heart disease
- Kidney disease
- Stroke

## Obesity and high blood pressure in children

Risk factors for high blood pressure in children include obesity and a family history of high blood pressure. Other risk factors may include medical problems such as sleep apnea or other sleep disorders.

**Obesity** is considered the primary risk for high blood pressure in children. Not only does being obese put your child at risk for high blood pressure, but also for a range of other health problems such as heart disease and diabetes.

## What causes obesity?

Sometimes obesity can be linked to other health problems. In most cases, though, obesity is due to the combination of two factors:

- Too much food. Many kids eat more food than their bodies require. Obesity can also result when a child's diet is full of the wrong types of food, such as unhealthy snacks and sugary beverages. For that reason, it is important to keep an eye on the quality as well as the quantity of the food your child consumes.
- Too little activity. Many children do not exercise enough and spend hours every day engaged in sedentary activities, like watching television or playing video games.

## Treating high blood pressure in children

Researchers are still trying to determine the most effective way to treat high blood pressure in children. In general, treating high

blood pressure in kids is not that different from treating it in adults. Work closely with your child's doctor to find which treatment plan will work best for your child. Here are some general guidelines:

• **Follow the DASH eating plan.** The Dietary Approaches to Stop Hypertension (DASH) diet plan includes eating less fat and saturated fat as well as eating more fresh fruits and vegetables and whole-grain foods. Limiting salt intake can also help lower a child's blood pressure. A dietitian can help you and your child find ways to meet these goals without giving up favorite foods or great flavor.

• Watch your child's weight. Being overweight increases the risk of developing high blood pressure. Following the DASH eating plan and getting regular exercise can help your child lose weight. Ask your child's doctor to help set goals for losing weight. Your child's doctor can also refer you to other health care professionals for assistance in setting up a weight-loss plan.

•Avoid tobacco smoke. Tobacco smoke can make blood pressure rise; it can also directly damage your child's heart and blood vessels. Protect your child from tobacco smoke - even secondhand smoke.

• Taking medications. If your child's high blood pressure is severe or doesn't respond to lifestyle changes, your doctor may prescribe medication. It may take a while to find a combination of drugs that works best to control high blood pressure with the least side effects.

***Drugs used to treat high blood pressure include:***

1. Diuretics to reduce the amount of fluid in the blood by helping the body rid itself of extra sodium.

2. ACE inhibitors, alpha-blockers, and calcium channel blockers help keep the blood vessels from tightening up.

3. Beta-blockers prevent the body from making the hormone adrenaline. Adrenaline is a stress hormone. It makes the heart beat harder and faster. It also makes blood vessels tighten. All of this makes blood pressure higher.

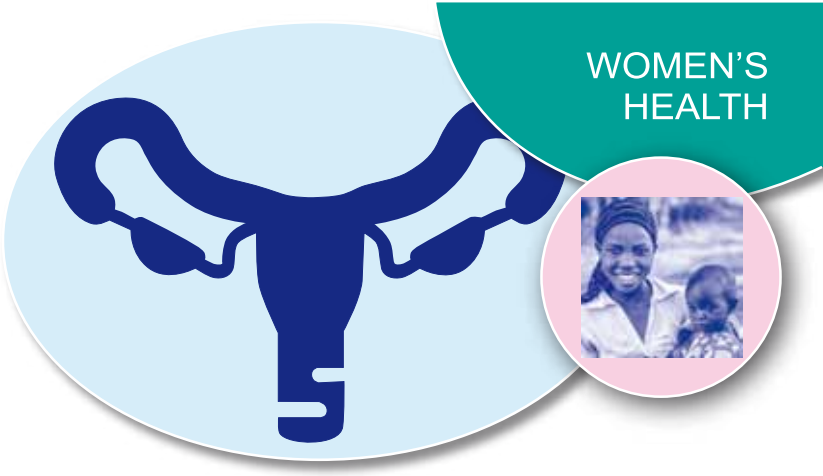
## How to help your child with high blood pressure?

Help your child control high blood pressure by following the doctor's plan carefully. In addition, you can take these steps.

• Limit the amount of time your child spends playing video games and watching TV.
• Make changes to diet and exercise a family affair. Everyone in the family will benefit from these healthy changes.
• Make sure your child has his or her blood pressure checked as often as recommended by your child's doctor.

By working with your health specialist to develop a comprehensive health plan, you can help your child control high blood pressure - and enjoy many healthy years ahead.

# YEAST INFECTION (VAGINAL)



A vaginal yeast infection is a fungal infection that causes irritation, discharge and intense itchiness of the vagina and the vulva - the tissues at the vaginal opening.
Also called vaginal candidiasis, vaginal yeast infection affects up to 3 out of 4 women at some point in their lifetimes. Many women experience at least two episodes.

A vaginal yeast infection isn't considered a sexually transmitted infection. But, there's an increased risk of vaginal yeast infection at the time of first regular sexual activity. There's also some evidence that infections may be linked to mouth to genital contact (oral-genital sex).
Medications can effectively treat vaginal yeast infections. If you have recurrent yeast infections - four or more within a year - you may need a longer treatment course and maintenance plan.
Symptoms

Yeast infection symptoms can range from mild to moderate, and include:
* Itching and irritation in the vagina and vulva
* A burning sensation, especially during intercourse or while urinating
* Redness and swelling of the vulva
* Vaginal pain and soreness
* Vaginal rash
* Thick, white, odor-free vaginal discharge with a cottage cheese appearance
* Watery vaginal discharge

## Complicated yeast infection

You might have a complicated yeast infection if:
* You have severe signs and symptoms, such as extensive redness, swelling and itching that leads to tears, cracks or sores
* You have four or more yeast infections in a year
* Your infection is caused by a less typical type of fungus
* You're pregnant
* You have uncontrolled diabetes
* Your immune system is weakened because of certain medications or conditions such as HIV infection

## When to see a doctor

Make an appointment with your doctor if:
* This is the first time you've had yeast infection symptoms
* You're not sure whether you have a yeast infection
* Your symptoms aren't relieved after treating with over-the-counter antifungal vaginal creams or suppositories
* You develop other symptoms

## Causes

The fungus candida albicans is responsible for most vaginal yeast infections.
Your vagina naturally contains a balanced mix of yeast, including candida, and bacteria. Certain bacteria (lactobacillus) act to prevent an overgrowth of yeast.
But that balance can be disrupted. An overgrowth of candida or penetration of the fungus into deeper vaginal cell layers causes the signs and symptoms of a yeast infection.

## Overgrowth of yeast can result from:

Antibiotic use, which causes an imbalance in natural vaginal flora
* Pregnancy
* Uncontrolled diabetes
* An impaired immune system
* Taking oral contraceptives or hormone therapy that increases estrogen levels Candida albicans is the most common type of fungus to cause yeast infections.
Yeast infections caused by other types of candida fungus can be more difficult to treat, and generally need more-aggressive therapies.

## Risk factors

Factors that increase your risk of developing a yeast infection include:

**Antibiotic use:** Yeast infections are common in women who take antibiotics. Broad-spectrum antibiotics, which kill a range of bacteria, also kill healthy bacteria in your vagina, leading to overgrowth of yeast.

**Increased estrogen levels:** Yeast infections are more common in women with higher estrogen levels — such as pregnant women or women taking high-dose estrogen birth control pills or estrogen hormone therapy.

**Uncontrolled diabetes:** Women with poorly controlled blood sugar are at greater risk of yeast infections than women with well-controlled blood sugar.

**Impaired immune system:** Women with lowered immunity — such as from corticosteroid therapy or HIV infection — are more likely to get yeast infections.

## Prevention

To reduce your risk of vaginal yeast infections, wear underwear that has a cotton crotch and doesn't fit too tightly.

**It might also help to avoid:**

* Tight-fitting pantyhose
* Douching, which removes some of the normal bacteria in the vagina that protect you from infection
* Scented feminine products, including bubble bath, pads and tampons
* Hot tubs and very hot baths
* Unnecessary antibiotic use, such as for colds or other viral infections
* Staying in wet clothes, such as swimsuits and workout attire, for long periods of time

## Diagnosis

**To diagnose a yeast infection, your doctor may:**

Ask questions about your medical history: This might include gathering information about past vaginal infections or sexually transmitted infections.

**Perform a pelvic exam:** Your doctor examines your external genitals for signs of infection. Next, your doctor places an instrument (speculum) into your vagina to hold the vaginal walls open to examine the vagina and cervix — the lower, narrower part of your uterus.

**Test vaginal secretions:** Your doctor may send a sample of vaginal fluid for testing to determine the type of fungus causing the yeast infection. Identifying the fungus can help your doctor prescribe more effective treatment for recurrent yeast infections.

## Treatment

Treatment for yeast infections depends on the severity and frequency of your infections.

**For mild to moderate symptoms and infrequent episodes, your doctor might recommend:**

Short-course vaginal therapy: Taking an antifungal medication for three to seven days will usually clear a yeast infection. Antifungal medications — which are available as creams, ointments, tablets and suppositories - include miconazole (Monistat 3) and terconazole. Some of these medications are available over-the-counter and others by prescription only.

**Single-dose oral medication:** Your doctor might prescribe one-time, single oral dose of fluconazole (Diflucan). Oral medication isn't recommended if you're pregnant. To manage more-severe symptoms, you might take two single doses three days apart.

See your doctor again if treatment doesn't resolve your symptoms or if your symptoms return within two months.

If your symptoms are severe, or you have frequent yeast infections, your doctor might recommend:

**Long-course vaginal therapy:** Your doctor might prescribe an antifungal medication taken daily for up to two weeks, followed by once a week for six months.

**Multidose oral medication:** Your doctor might prescribe two or three doses of an antifungal medication to be taken by mouth instead of vaginal therapy. However, this therapy isn't recommended for pregnant women.

Azole resistant therapy: Your doctor might recommend boric acid, a capsule inserted into your vagina. This medication may be fatal if taken orally and is used only to treat candida fungus that is resistant to the usual antifungal agents.

World Health Organization

## Are people living with HIV at increased risk of being infected with the virus that causes COVID-19?

People living with HIV with advanced disease, those with low CD4 and high viral load and those who are not taking antiretroviral treatment have an increased risk of infections and related complications in general.

It is unknown if the immunosuppression of HIV will put a person at greater risk for COVID-19, thus, until more is known, additional precautions for all people with advanced HIV or poorly controlled HIV, should be employed.

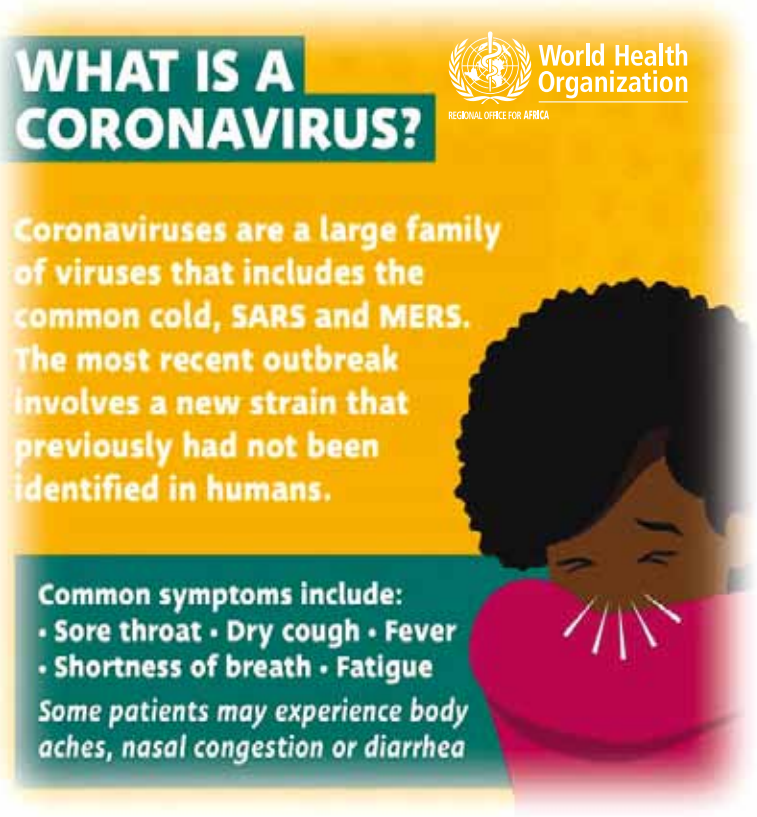
At present there is no evidence that the risk of infection or complications of COVID-19 is different among people living with HIV who are clinically and immunologically stable on antiretroviral treatment when compared with the general population. Some people living with HIV may have known risk factors for COVID-19 complications, such as diabetes, hypertension and other noncommunicable diseases and as such may have increased risk of COVID-19 unrelated to HIV. We know that during the SARS and MERS outbreaks there were only a few case reports of mild disease among people living with HIV.

To date, there is a case report of a person living with HIV who had COVID-19 and recovered and a small study on risk factors and antiretrovirals used among people living with HIV with COVID-19 from China. This study reported similar rates of COVID-19 disease as compared to the entire population and increased risk with older age, but not with low CD4, high viral load level or antiretroviral regimen. Current clinical data suggest the main mortality risk factors are linked to older age and other comorbidities including cardiovascular disease, diabetes, chronic respiratory disease, and hypertension. Some very healthy people have also developed severe disease from the coronavirus infection.

PLHIV are advised to take the same precautions as the general population:

- wash hands often
- cough etiquette
- physical distancing
- seek medical care if symptomatic
- self-isolation if in contact with someone with COVID-19 and
- other actions per the government response

People living with HIV who are taking antiretroviral drugs should ensure that they have at least 30 days and up to 6-month supply of medicines and ensure that their vaccinations are up to date (influenza and pneumococcal vaccines). Adequate supplies of medicines to treat co-infections and comorbidities and addiction should also be ensured.



INFECTIOUS DISEASE EXPERT

**Anthony S. Fauci, M.D., NIAID Director**

I REJECT THE NOTION THAT COVID-19 IS "JUST A VIRUS" AND WE'LL ALL GET IT EVENTUALLY. WHAT A CARELESS, LAZY, HEARTLESS STANCE."

Dr. Fauci was appointed Director of NIAID in 1984. He oversees an extensive research portfolio of basic and applied research to prevent, diagnose, and treat established infectious diseases such as HIV/AIDS, respiratory infections, diarrheal diseases, tuberculosis and malaria as well as emerging diseases such as Ebola and Zika. NIAID also supports research on transplantation and immune-related illnesses, including autoimmune disorders, asthma and allergies. The NIAID budget for fiscal year 2020 is an estimated $5.9 billion.

**"Chickenpox is a virus.**
Lots of people have had it, and probably don't think about it much once the initial illness has passed. But it stays in your body and lives there forever, and maybe when you're older, you have debilitatingly painful outbreaks of shingles. You don't just get over this virus in a few weeks, never to have another health effect. We know this because it's been around for years, and has been studied medically for years.

**Herpes is also a virus.**
And once someone has it, it stays in your body and lives there forever, and anytime they get a little run down or stressed-out they're going to have an outbreak. Maybe every time you have a big event coming up (school pictures, job interview, big date) you're going to get a cold sore. For the rest of your life. You don't just get over it in a few weeks. We know this because it's been around for years, and been studied medically for years.

**HIV is a virus.**
It attacks the immune system and makes the carrier far more vulnerable to other illnesses. It has a list of symptoms and negative health impacts that goes on and on. It was decades before viable treatments were developed that allowed people to live with a reasonable quality of life. Once you have it, it lives in your body forever and there is no cure. Over time, that takes a toll on the body, putting people living with HIV at greater risk for health conditions such as cardiovascular disease, kidney disease, diabetes, bone disease, liver disease, cognitive disorders, and some types of cancer. We know this because it has been around for years, and had been studied medically for years.

**Now with COVID-19,**
we have a novel virus that spreads rapidly and easily. The full spectrum of symptoms and health effects is only just beginning to be cataloged, much less understood.

***So far the symptoms may include:***
Fever
Fatigue
Coughing
Pneumonia
Chills/Trembling
Acute respiratory distress
Lung damage (potentially permanent)
Loss of taste (a neurological symptom)
Sore throat
Headaches
Difficulty breathing
Mental confusion
Diarrhea
Nausea or vomiting
Loss of appetite

Strokes have also been reported in some people who have COVID-19 (even in the relatively young)
Swollen eyes

Blood clots
Seizures
Liver damage
Kidney damage
Rash
COVID toes (weird, right?)

People testing positive for COVID-19 have been documented to be sick even after 60 days. Many people are sick for weeks, get better, and then experience a rapid and sudden flare up and get sick all over again. A man in Seattle was hospitalized for 62 days, and while well enough to be released, still has a long road of recovery ahead of him.

## Then there is MIS-C.

Multisystem inflammatory syndrome in children is a condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. Children with MIS-C may have a fever and various symptoms, including abdominal pain, vomiting, diarrhea, neck pain, rash, bloodshot eyes, or feeling extra tired. While rare, it has caused deaths.

This disease has not been around for years. It has basically been 6 months. No one knows yet the long-term health effects, or how it may present itself years down the road for people who have been exposed. We literally *do not know* what we do not know.

For those in our society who suggest that people being cautious are cowards, for people who refuse to take even the simplest of precautions to protect themselves and those around them, I want to ask, without hyperbole and in all sincerity:

## How dare you?

How dare you risk the lives of others so cavalierly. How dare you decide for others that they should welcome exposure as "getting it over with", when literally no one knows who will be the lucky "mild symptoms" case, and who may fall ill and die. Because while we know that some people are more susceptible to suffering a more serious case, we also know that 20 and 30-year-olds have died, marathon runners and fitness nuts have died, children and infants have died.

How dare you behave as though you know more than medical experts, when those same experts acknowledge that there is so much we don't yet know, but with what we DO know, are smart enough to be scared of how easily this is spread, and recommend baseline precautions such as:
Frequent hand-washing
Physical distancing
Reduced social/public contact or interaction

## Mask wearing

Covering your cough or sneeze
Avoiding touching your face
Sanitizing frequently touched surfaces

The more things we can all do to mitigate our risk of exposure, the better off we all are, in my opinion. Not only does it flatten the curve and allow health care providers to maintain levels of service that aren't immediately and catastrophically overwhelmed; it also reduces unnecessary suffering and deaths, and buys time for the scientific community to study the virus in order to come to a more full understanding of the breadth of its impacts in both the short and long term.

I reject the notion that it's "just a virus" and we'll all get it eventually. What a careless, lazy, heartless stance."


# So much to do, too little time?

*Running errands is the name of our game.*

## Take a seat and relax while we do it for you!!!

*We schedule appointments, sit in to represent in meetings, deliver and follow up high profile files in Cameroon Government and private sector institutions. Our multi-disciplinary team of volunteers runs errands in a variety of sectors and in the most efficient and confidential manner*

### ELDERLY CARE SERVICE

*Need some extra help getting around?* **We can be your driver.**
*We also love to just sit and talk to provide some company.*
*Our elderly care services include assistance in the following domains:*

- *Transportation*
- *Errand*
- *Company and Conversation*
- *Medication Reminders*
- *Grooming and Dressing*
- *Bathing*
- *Mobility*
- *Transfers and Repositioning*

## IN ADDITION:

Moritz KUBE CEO

- We simplify mortuary and transport arrangements
- We help organize church services, arranging choirs, preparing booklets and other service actors, choosing the best songs and the day's liturgy.
- We help prepare eulogies for bereaved family members
- Provide psychosocial counseling and support to bereaved family members
- Simplify burial rights
- Simplify arrangements for feeding and drinks as well as other required logistics
- Provide security and service boys and girls to ensure all invitees are properly attended to
- Provide a band and trumpet service for high class entertainment
- Provide after party cleaners.

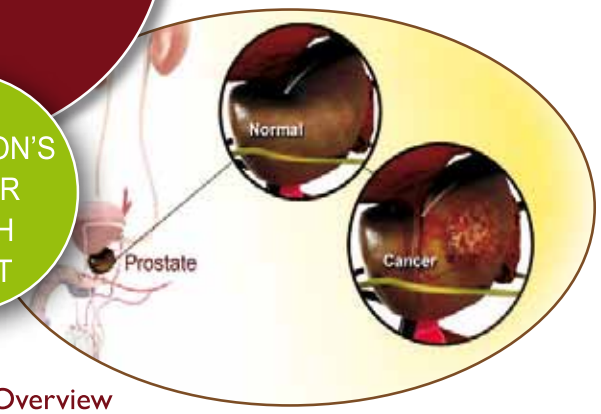
## CUSTOM:

*Is there something that you don't see listed but need assistance in? Let us know and we can help with your unique request.*

***We are here to help.***
***The services listed above are just where we start!!!***

**Contact Us**
**Head-Office:**
**Prestige House**
**Market Road, Opposite Biyem-Assi District Hospital Road Entrance**
**First Story Building to the Right**
**P.O. Box 30198**
**Tel: + 237 6 75 55 84 49 / + 237 6 90 70 04 01**
**Email: info@saintalbertcharity.org**
**Website: https://saintalbertcharity.org**
**Yaounde – Cameroon**

# PROSTATE CANCER




## Overview

Prostate cancer is cancer that occurs in the prostate - a small walnut-shaped gland in men that produces the seminal fluid that nourishes and transports sperm.

Prostate cancer is one of the most common types of cancer in men.

Usually prostate cancer grows slowly and is initially confined to the prostate gland, where it may not cause serious harm. However, while some types of prostate cancer grow slowly and may need minimal or even no treatment, other types are aggressive and can spread quickly.

## Symptoms

Prostate cancer may cause no signs or symptoms in its early stages.

***Prostate cancer that's more advanced may cause signs and symptoms such as:***

* Trouble urinating
* Decreased force in the stream of urine
* Blood in semen
* Discomfort in the pelvic area
* Bone pain
* Erectile dysfunction

## Causes

It's not clear what causes prostate cancer. Doctors know that prostate cancer begins when some cells in your prostate become abnormal. Mutations in the abnormal cells' DNA cause the cells to grow and divide more rapidly than normal cells do. The abnormal cells continue living, when other cells would die. The accumulating abnormal cells form a tumor that can grow to invade nearby tissue. Some abnormal cells can also break off and spread (metastasize) to other parts of the body.

## Risk factors

***Factors that can increase your risk of prostate cancer include:***

**Age:** Your risk of prostate cancer increases as you age.

**Race:** For reasons not yet determined, black men carry a greater risk of prostate cancer than do men of other races. In black men, prostate cancer is also more likely to be aggressive or advanced.

**Family history:** If men in your family have had prostate cancer, your risk may be increased. Also, if you have a family history of genes that increase the risk of breast cancer (BRCA1 or BRCA2) or a very strong family history of breast cancer, your risk of prostate cancer may be higher.

**Obesity:** Obese men diagnosed with prostate cancer may be more likely to have advanced disease that's more difficult to treat.

## Complications

**Complications of prostate cancer and its treatments include:**

***Cancer that spreads (metastasizes) :***

Prostate cancer can spread to nearby organs, such as your bladder, or travel through your bloodstream or lymphatic system to your bones or other organs. Prostate cancer that spreads to the bones can cause pain and broken bones. Once prostate cancer has spread to other areas of the body, it may still respond to treatment and may be controlled, but it's unlikely to be cured.

Incontinence: Both prostate cancer and its treatment can cause urinary incontinence. Treatment for incontinence depends on the type you have, how severe it is and the likelihood it will improve over time. Treatment options may include medications, catheters and surgery.

**Erectile dysfunction:** Erectile dysfunction can result from prostate cancer or its treatment, including surgery, radiation or hormone treatments. Medications, vacuum devices that assist in achieving erection and surgery are available to treat erectile dysfunction.

## Prevention

**You can reduce your risk of prostate cancer if you:**

Choose a healthy diet full of fruits and vegetables: Avoid high-fat foods and instead focus on choosing a variety of fruits, vegetables and whole grains. Fruits and vegetables contain many vitamins and nutrients that can contribute to your health.

Whether you can prevent prostate cancer through diet has yet to be conclusively proved. But eating a healthy diet with a variety of fruits and vegetables can improve your overall health.

**Choose healthy foods over supplements:** No studies have shown that supplements play a role in reducing your risk of prostate cancer. Instead, choose foods that are rich in vitamins and minerals so that you can maintain healthy levels of vitamins in your body.

**Exercise most days of the week:** Exercise improves your overall health, helps you maintain your weight and improves your mood. There is some evidence that men who don't exercise have higher PSA levels, while men who exercise may have a lower risk of prostate cancer.

Try to exercise most days of the week. If you're new to exercise, start slow and work your way up to more exercise time each day.

**Maintain a healthy weight:** If your current weight is healthy, work to maintain it by exercising most days of the week. If you need to lose weight, add more exercise and reduce the number of calories you eat each day. Ask your doctor for help creating a plan for healthy weight loss.

Your prostate cancer treatment options depend on several factors, such as how fast your cancer is growing, how much it has spread and your overall health, as well as the potential benefits or side effects of the treatment.

## Immediate treatment may not be necessary

For men diagnosed with low-risk prostate cancer, treatment may not be necessary right away. Some men may never need treatment. Instead, doctors sometimes recommend active surveillance.

In active surveillance, regular follow-up blood tests, rectal exams and possibly biopsies may be performed to monitor progression of your cancer. If tests show your cancer is progressing, you may opt for a prostate cancer treatment such as surgery or radiation.

Active surveillance may be an option for cancer that isn't causing symptoms, is expected to grow very slowly and is confined to a small area of the prostate. Active surveillance may also be considered for someone who has another serious health condition or who is of an advanced age that makes cancer treatment more difficult.

Active surveillance carries a risk that the cancer may grow and spread between check-ups, making the cancer less likely to be cured.

## Surgery to remove the prostate

Using a robot to assist with surgery: During robot-assisted surgery, the instruments are attached to a mechanical device (robot) and inserted into your abdomen through several small incisions. The surgeon sits at a console and uses hand controls to guide the robot to move the instruments. Robotic prostatectomy may allow the surgeon to make more-precise movements with surgical tools than is possible with traditional minimally invasive surgery.

**Making an incision in your abdomen:** During retro pubic surgery, the prostate gland is taken out through an incision in your lower abdomen.

Discuss with your doctor which type of surgery is best for your specific situation.

Radical prostatectomy carries a risk of urinary incontinence and erectile dysfunction. Ask your doctor to explain the risks you may face based on your situation, the type of procedure you select, your age, your body type and your overall health.

## Radiation therapy

Radiation therapy uses high-powered energy to kill cancer cells.

***Prostate cancer radiation therapy can be delivered in two ways:***

# MATERNAL HEALTH AND COVID-19: THE RACE TO AVERT A LONG-TERM CRISIS

**Emma Smith is a Reporter at Devex. She covers all things related to careers and hiring in the global development community as well as mental health within the sector from tips on supporting humanitarian staff to designing mental health programs for refugees.**

Emma has reported from key development hubs in Europe and co-produced Devex's DevProWomen2030 podcast series. She holds a degree in journalism from Glasgow Caledonian University and a master's in media and international conflict. In addition to writing for regional news publications, she has worked with organizations focused on child and women's rights.

Disruptions to maternal health services over the last few months could endanger the lives of expectant mothers long after the COVID-19 pandemic.

While there is still a lack of official data, anecdotal evidence suggests that the global health crisis is already having a devastating effect on pregnant women. Concerted efforts are needed now to ensure pregnancies are safe and wanted and to save lives, according to several sexual and reproductive health experts.

Anneka Knutsson, chief of sexual and reproductive health at the United Nations Population Fund, warned of a "women's health crisis" that could evolve as a result of the pandemic. In April, the U.N. agency estimated that lockdown-related disruptions over 6 months could prevent 47 million women in low- and middle-income countries from accessing modern contraceptives, leading to 7 million additional unintended pregnancies. Young girls, who face greater risks of complications during pregnancy and childbirth, are particularly at risk, Knutsson said. And an increase in child marriage, which is common in contexts where livelihoods are impacted, is likely to result in more young girls becoming pregnant.

Katja Iversen, president and CEO of Women Deliver, said there is evidence that a rise in unwanted pregnancies causes a spike in maternal deaths and unsafe abortions. She urged governments and agencies to safeguard maternal health funding and programming.

"We've seen it in previous pandemics – that resources were diverted away from maternal and, not least, reproductive health," she told Devex. "Not only resources in terms of money, but also resources in terms of staff."

Women's rights and maternal health organizations are working to ensure funding for and access to critical services are maintained during the pandemic and incorporated into recovery plans.

There are also opportunities to build on lessons that could strengthen maternal health care and the broader health system going forward.

## Adapting and resuming programs

Even short-term disruptions to services and programming can have a significant impact when work resumes.

The Ebola crisis is evidence that service recovery can take a long time, Iversen noted. During that crisis, maternal and reproductive health staff members – many of them women – were among those who lost their lives after being transferred to front-line response work. Communities mourned these losses while struggling to get services up and running again within a depleted health system.

The importance placed on maternal health before the pandemic and whether there will be a second wave of COVID-19 infections are among the factors that will determine how quickly and effectively countries rebuild their services, Knutsson said. But with progress on maternal health indicators plateauing even pre-coronavirus, she stressed that minimizing service disruption is a priority.

"The more we can maintain services, the more we can actually support midwives to have the enabling environment they need to continue their services. And the more we can adapt services, the quicker the build-back will be," Knutsson said.

UNFPA is striving to ensure that countries maintain critical services by providing personal protective equipment to health workers and disseminating information through various local networks so women and girls know when and how to seek care.

Organizations will have to be agile in using available data to adapt and repurpose programs to better fit the needs of women, Knutsson said. UNFPA has developed a number of technical briefs with advice on how to adapt services, such as training health workers to deliver contraceptive counseling over the phone.

In El Salvador, UNFPA is working with the Ministry of Health to implement a teleservice system for

maternal and child care, while social media is being used in the Philippines to evaluate the impact of COVID-19 on unintended teenage pregnancies and preventable maternal deaths. Training is also being rolled out to facilitate task-sharing and to allow midwives to handle delivery complications in the absence of a doctor.

"If we're able ... to really support countries to be able to maintain the services ... to maintain maternal health care for women and girls at scale," Knutsson said, "then we hope that we will see fewer or a lower increase in maternal mortality." But, she added, "I do think that we will see an increase."

## Protecting policy and funding

Using a gender lens in COVID-19 response and recovery efforts is critical for reducing the long-term impacts on maternal health, according to Women Deliver's Iversen. This is an opportunity to overcome some long-lasting barriers and build "better gender-equal services and gender equality," she said.

Women Deliver has been working with high-level U.N. policy leaders to shape guidelines and frameworks that uphold maternal, sexual, and reproductive health and rights. The United Nations COVID-19 Response and Recovery Fund has a strong gender lens and gender marker, Iversen said, and it mentions safeguarding these types of services. However, more disaggregated data is needed to know whether a gender lens is truly being applied in national and subnational response efforts, she noted.

"The more we can maintain services, the more we can actually support midwives … to continue their services. And the more we can adapt services, the quicker the build-back will be."

— Anneka Knutsson, chief of sexual and reproductive health, United Nations Population Fund

Women Deliver's teams are also mobilizing hundreds of civil society groups across health and other sectors to urge governments to adopt a gender lens in their recovery plans. Advocacy efforts elsewhere are focused on keeping funds earmarked for maternal health.

The economic situation facing many countries and the prospect of reductions in domestic and overseas development assistance is a concern, Knutsson said. A lack of funding has already forced UNFPA to suspend its reproductive health services in 140 health facilities in Yemen.

"If that happens in many more countries and there is not enough funding to support countries to maintain services, then the [post-pandemic] build-back again will be longer," she said.

## Opportunities to rebuild services

Lessons and innovations from the pandemic could improve maternal health care going forward. Telemedicine and apps have the potential to change how information is disseminated and how services, particularly those related to self-care, are delivered, Knutsson suggested.

In some countries, contraception can now be accessed through pharmacies with the support of an app, allowing people to ask for advice instead of having to visit a health practitioner. Of course, some situations will still require in-person visits, Knutsson noted.

There are also many takeaways from this pandemic that could inspire countries in rebuilding their health systems, she said.

The impact of the pandemic on maternal and newborn health will turn out less severe in some countries, which will allow systems to recover quicker, she said. It will be important to recognize the characteristics of these countries and to understand what work they had done previously to strengthen their health systems, as well as what actions they took during the pandemic.

Lessons around what makes women fear seeking health care, as well as the role of the wider family in decision-making, should also be built upon, Knutsson added.

One positive takeaway is that the crisis has highlighted the pivotal role of women — not just in times of crisis, but in everyday life, Iversen said. In rebuilding health systems, there should be a focus on universal health care that is women-centered, she suggested, adding that such systems would actually improve service delivery for society as a whole.

UNAIDS

## What people living with HIV need to know about HIV and COVID-19

These are difficult times for all of us. UNAIDS is urging people to act with kindness, not stigma and discrimination—people affected by COVID-19 are part of the solution and must be supported.

Governments must respect the human rights and dignity of people affected by COVID-19. The experiences learned from the HIV epidemic can be applied to the fight against COVID-19. As in the AIDS response, governments should work with communities to find local solutions. Key populations must not bear the brunt of increased stigma and discrimination as a result of the COVID-19 pandemic.

We know that COVID-19 is a serious disease that is set to hit the countries with the highest burden of HIV very soon. Everyone, including people living with HIV, should take the recommended precautions to reduce exposure to COVID-19:

- Regular and thorough hand washing with soap and water or alcohol-based hand rub.
- Maintain at least 1 metre distance between yourself and anyone who is coughing or sneezing.
- Avoid touching your eyes, nose and mouth.
- Make sure that you, and the people around you, follow good respiratory hygiene—cover your mouth and nose with your bent elbow or tissue when you cough or sneeze and dispose of the used tissue immediately.
- Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. Follow the directions of your local health authority.

UNAIDS recognizes, however, that in many countries, owing to weaker health-care systems, informal settlements, overcrowded cities and public transportation and a lack of clean water and sanitation, the current approaches to self-protection, social distancing and containment may not be viable.

## COVID-19 and people living with HIV

COVID-19 is a serious disease and all people living with HIV should take all recommended preventive measures to minimize exposure to, and prevent infection by, the virus that causes COVID-19. As in the general population, older people living with HIV or people living with HIV with heart or lung problems may be at a higher risk of becoming infected with the virus and of suffering more serious symptoms. All people living with HIV should reach out to their health-care providers to ensure that they have adequate stocks of essential medicines.

Despite the scale-up of HIV treatment in recent years, 15 million people living with HIV do not have access to antiretroviral therapy, which may compromise their immune systems.

We will actively learn more about how HIV and COVID-19 together impact on people living with HIV from countries and communities responding to both epidemics. Lessons in rolling out innovations or adapting service delivery to minimize the impact on people living with HIV will be shared and replicated as they become available. Until more is known, people living with HIV-especially those with advanced or poorly controlled HIV disease—should be cautious and pay attention to the prevention measures and recommendations. It is also important that people living with HIV have multimonth refills of their HIV medicines.

## What UNAIDS is doing

UNAIDS is working with governments and community partners to:

- Carry out surveys to assess information needs, medication available and ability to access service support networks.
- Find out if multimonth dispensing of antiretroviral therapy is being fully implemented, and, if not, identify how to implement it.
- Assess the possibility of HIV service interruption and develop plans for access to those services.

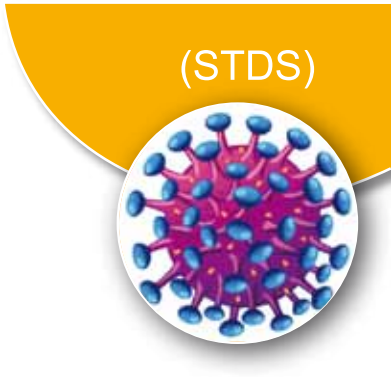
## What UNAIDS recommends

HIV services must continue to be made available for people living with and at risk of HIV. This includes ensuring the availability of condoms, opioid substitution therapy, sterile needles and syringes, harm reduction, pre-exposure prophylaxis and HIV testing.

To prevent people from running out of medicines and to reduce the need to access the health system, countries should move to the full implementation of multimonth dispensing of three months or more of HIV treatment.

There must be access to COVID-19 services for vulnerable people, including a targeted approach to reach those most left behind and removing financial barriers, such as user fees.

# SEXUALLY TRANSMITTED DISEASES (STDS)




Sexually transmitted infections (STIs) are generally acquired by sexual contact. The organisms (bacteria, viruses or parasites) that cause sexually transmitted diseases may pass from person to person in blood, semen, or vaginal and other bodily fluids. Sexually transmitted infections (STIs) are generally acquired by sexual contact. The organisms (bacteria, viruses or parasites) that cause sexually transmitted diseases may pass from person to person in blood, semen, or vaginal and other bodily fluids.

Sometimes these infections can be transmitted non-sexually, such as from mother to infant during pregnancy or childbirth, or through blood transfusions or shared needles.
STDs don't always cause symptoms. It is possible to contract sexually transmitted diseases from people who seem perfectly healthy and may not even know they have an infection.

## Symptoms

Sexually transmitted diseases (STDs) or sexually transmitted infections (STIs) can have a range of signs and symptoms, including no symptoms. That's why they may go unnoticed until complications occur or a partner is diagnosed. Signs and symptoms that might indicate an STI include:
* Sores or bumps on the genitals or in the oral or rectal area
* Painful or burning urination * Discharge from the penis
* Unusual or odd-smelling vaginal discharge
* Unusual vaginal bleeding
* Pain during sex
* Sore, swollen lymph nodes, particularly in the groin but sometimes more widespread
* Lower abdominal pain
* Fever
* Rash over the trunk, hands or feet
Signs and symptoms may appear a few days after exposure, or it may take years before you have any noticeable problems, depending on the organism.

## When to see a doctor

See a doctor immediately if:
* You are sexually active and may have been exposed to an STI
* You have signs and symptoms of an STI

## Make an appointment with a doctor:

* When you consider becoming sexually active or when you are 21 - whichever comes first
* Before you start having sex with a new partner

## Causes

Sexually transmitted diseases (STDs) or sexually transmitted infections (STIs) can be caused by:
* Bacteria (gonorrhea, syphilis, chlamydia)
* Parasites (trichomoniasis)
* Viruses (human papillomavirus, genital herpes, HIV)
Sexual activity plays a role in spreading many other kinds of infections, although it is possible to be infected without sexual contact. Examples include the hepatitis A, B and C viruses, shigella, and Giardia intestinalis.

## Risk factors

Anyone who is sexually active risks some degree of exposure to a sexually transmitted disease (STD) or a sexually transmitted infection (STI). Factors that may increase that risk include:

## Having unprotected sex:

Vaginal or anal penetration by an infected partner who is not wearing a latex condom significantly increases the risk of getting an STI. Improper or inconsistent use of condoms can also

increase your risk.
Oral sex may be less risky, but infections can still be transmitted without a latex condom or a dental dam - a thin, square piece of rubber made with latex or silicone.

## Having sexual contact with multiple partners:

The more people you have sexual contact with, the greater your risk. This is true for concurrent partners as well as monogamous consecutive relationships.
Having a history of STIs: Having one STI makes it much easier for another STI to take hold.

## Anyone forced to have sexual intercourse or sexual activity:

Dealing with rape or assault can be difficult, but it is important to see a doctor as soon as possible so that you can receive screening, treatment and emotional support.

## Misuse of alcohol or use of recreational drugs:

Substance misuse can inhibit your judgment, making you more willing to participate in risky behaviors.
Injecting drugs: Needle sharing spreads many serious infections, including HIV, hepatitis B and hepatitis C.

## Being young:

Half the STIs occur in people between the ages of 15 and 24.
Men who request prescriptions for drugs to treat erectile dysfunction: Men who ask their doctors for prescriptions for drugs such as sildenafil (Viagra, Revatio), tadalafil (Cialis, Adcirca) and vardenafil (Levitra) have higher rates of STIs. Be sure you are up to date on safe sex practices if you ask your doctor for one of these medications.
Transmission from mother to infant
Certain STIs - such as gonorrhea, chlamydia, HIV and syphilis - can be passed from an infected mother to her child during pregnancy or delivery. STIs in infants can cause serious problems or even death. All pregnant women should be screened for these infections and treated.

## Complications

Because many people in the early stages of a sexually transmitted disease (STD) or sexually transmitted infection (STI) experience no symptoms, screening for STIs is important in preventing complications.

## Possible complications include:

* Pelvic pain
* Pregnancy complications
* Eye inflammation
* Arthritis
* Pelvic inflammatory disease
* Infertility
* Heart disease
* Certain cancers, such as HPV-associated cervical and rectal cancers

Prevention
There are several ways to avoid or reduce your risk of sexually transmitted diseases (STDs) or sexually transmitted infections (STIs).
Abstain: The most effective way to avoid STIs is to not have (abstain from) sex.

## Stay with one uninfected partner:

Another reliable way of avoiding STIs is to stay in a long-term mutually monogamous relationship in which both people have sex only with each other and neither partner is infected.
Wait and test: Avoid vaginal and anal intercourse with new partners until you have both been tested for STIs. Oral sex is less risky, but uses a latex condom or dental dam to prevent direct (skin-to-skin) contact between the oral and genital mucous membranes.

## Get vaccinated:

Getting vaccinated early, before sexual exposure, is also effective in preventing certain types of STIs. Vaccines are avail-

able to prevent human papillomavirus (HPV), hepatitis A and hepatitis B.

The United States Centers for Disease Control and Prevention (CDC) recommends the HPV vaccine for girls and boys ages 11 and 12. If not fully vaccinated at ages 11 and 12, the CDC recommends that girls and women through age 26 and boys and men through age 26 receive the vaccine.
The hepatitis B vaccine is usually given to newborns, and the hepatitis A vaccine is recommended for 1-year-olds. Both vaccines are recommended for people who are not already immune to these diseases and for those who are at increased risk of infection, such as men who have sex with men and IV drug users.

### *Use condoms and dental dams consistently and correctly:

Use a new latex condom or dental dam for each sex act, whether oral, vaginal or anal. Never use an oil-based lubricant, such as petroleum jelly, with a latex condom or dental dam.

Condoms made from natural membranes are not recommended because they are not as effective at preventing STIs. Keep in mind that while condoms reduce your risk of exposure to most STIs, they provide less protection for STIs involving exposed genital sores, such as HPV or herpes. Also, non-barrier forms of contraception, such as birth control pills (oral contraceptives) or intrauterine devices (IUDs), don't protect against STIs.

### *Don't drink alcohol excessively or use drugs:

if you are under the influence, you are more likely to take sexual risks.

### *Communicate:

Before any serious sexual contact, communicate with your partner about practicing safer sex. Be sure you specifically agree on what activities will and won't be OK.

### *Consider male circumcision:

There is evidence that male circumcision can help reduce a man's risk of acquiring HIV from a woman who is infected (heterosexual transmission) by as much as 60%. Male circumcision may also help prevent transmission of genital HPV and genital herpes.

### *Consider preexposure prophylaxis (PrEP):

The United States Food and Drug Administration (FDA) has approved the use of the combination drugs emtricitabine plus tenofovir disoproxil fumarate (Truvada) and emtricitabine plus tenofovir alafenamide (Descovy) to reduce the risk of sexually transmitted HIV infection in people who are at very high risk.
Your doctor will prescribe these drugs for HIV prevention only if you don't already have HIV infection. You will need an HIV test before you start taking PrEP and then every three months as long as you are taking it. Your doctor will also test your kidney function before prescribing Truvada and continue to test it every six months. If you have hepatitis B you should be evaluated by an infectious disease or liver specialist before beginning therapy.
These drugs must be taken every day, exactly as prescribed. If you use Truvada daily, you can lower your risk of getting HIV from sex by more than 90%. Using additional prevention, such as condoms, can lower your risk even more. Continue to practice safe sex to prevent other STIs.

## Diagnosis

### Tests

If your sexual history and current signs and symptoms suggest that you have a sexually transmitted disease (STD) or a sexually transmitted infection (STI), laboratory tests can identify the cause

and detect co-infections you might also have.

### *Blood tests:
Blood tests can confirm the diagnosis of HIV or later stages of syphilis.

### *Urine samples:
Some STIs can be confirmed with a urine sample.

### *Fluid samples:
If you have open genital sores, your doctor may test fluid and samples from the sores to diagnose the type of infection.

## Screening
Testing for a disease in someone who doesn't have symptoms is called screening. Most of the time, STI screening is not a routine part of health care, but there are exceptions:

### *Everyone:
The one STI screening test suggested for everyone ages 13 to 64 is a blood or saliva test for human immunodeficiency virus (HIV), the virus that causes AIDS. Experts recommend that people at high risk have an HIV test every year.

### *Everyone born between 1945 and 1965:
There is a high incidence of hepatitis C in people born between 1945 and 1965. Since the disease often causes no symptoms until it's advanced, experts recommend that everyone in that age group be screened for hepatitis C.

### *Pregnant women:
All pregnant women will generally be screened for HIV, hepatitis B, chlamydia and syphilis at their first prenatal visit. Gonorrhea and hepatitis C screening tests are recommended at least once during pregnancy for women at high risk of these infections.

### Women age 21 and older:
The Pap test screens for cervical abnormalities, including inflammation, precancerous changes and cancer, which is often caused by certain strains of human papillomavirus (HPV). Experts recommend that women have a Pap test every three years starting at age 21. After age 30, experts recommend women have an HPV DNA test and a Pap test every five years. A Pap test every three years is also acceptable.

### Women under age 25 who are sexually active:
Experts recommend that all sexually active women under age 25 be tested for chlamydia infection. The chlamydia test uses a sample of urine or vaginal fluid you can collect yourself.
Some experts recommend repeating the chlamydia test three months after you have had a positive test and been treated. Reinfection by an untreated or undertreated partner is common, so you need the second test to confirm that the infection is cured. You can catch chlamydia multiple times, so get retested if you have a new partner.
Screening for gonorrhea is also recommended in sexually active women under age 25.

### Men who have sex with men:
Compared with other groups, men who have sex with men run a higher risk of acquiring STIs. Many public health groups recommend annual or more-frequent STI screening for these men. Regular tests for HIV, syphilis, chlamydia and gonorrhea are particularly important. Evaluation for hepatitis B also may be recommended.

### People with HIV:
If you have HIV, it dramatically raises your risk of catching other STIs. Experts recommend immediate testing for syphilis, gonorrhea, chlamydia and herpes after being diagnosed with HIV.

They also recommend that people with HIV be screened for hepatitis C.
Women with HIV may develop aggressive cervical cancer, so experts recommend they have a Pap test within a year of being diagnosed with HIV, and then again six months later.

## People who have a new partner:

Before having vaginal or anal intercourse with new partners, be sure you have both been tested for STIs. However, routine testing for genital herpes isn't recommended unless you have symptoms.
It is also possible to be infected with an STI yet still test negative, particularly if you have recently been infected.

## Treatment

Sexually transmitted diseases (STDs) or sexually transmitted infections (STIs) caused by bacteria are generally easier to treat. Viral infections can be managed but not always cured. If you are pregnant and have an STI, getting treatment right away can prevent or reduce the risk of your baby becoming infected.

***Treatment for STIs usually consists of one of the following, depending on the infection:***

## Antibiotics:

Antibiotics, often in a single dose, can cure many sexually transmitted bacterial and parasitic infections, including gonorrhea, syphilis, chlamydia and trichomoniasis. Typically, you will be treated for gonorrhea and chlamydia at the same time because the two infections often appear together.
Once you start antibiotic treatment, it is necessary to follow through. If you don't think you will be able to take medication as prescribed, tell your doctor. A shorter, simpler course of treatment may be available.
In addition, it is important to abstain from sex until seven days after you have completed antibiotic treatment and any sores have healed. Experts also suggest women be retested in about three months because there is a high chance of reinfection.

## Antiviral drugs:

If you have herpes or HIV, you will be prescribed an antiviral drug. You will have fewer herpes recurrences if you take daily suppressive therapy with a prescription antiviral drug. However, it's still possible to give your partner herpes.
Antiviral drugs can keep HIV infection in check for many years. But you will still carry the virus and can still transmit it, though the risk is lower.
The sooner you start treatment, the more effective it is. If you take your medications exactly as directed, it's possible to reduce your virus count so low that it can hardly be detected.
If you have had an STI, ask your doctor how long after treatment you need to be retested. Getting retested will ensure that the treatment worked and that you have not been re-infected.

## Partner notification and preventive treatment

If tests show that you have an STI, your sex partners - including your current partners and any other partners you have had over the last three months to one year - need to be informed so that they can get tested. If they are infected, they can then be treated.
Official, confidential partner notification can help limit the spread of STIs, particularly for syphilis and HIV. The practice also steers those at risk toward counseling and the right treatment. And since you can contract some STIs more than once, partner notification reduces your risk of getting re-infected.

# UNDERSTANDING BACK PAIN - SYMPTOMS

**Most people have experienced back pain sometime in their lives. The causes of back pain are numerous; some are self-inflicted due to a lifetime of bad habits. Other back pain causes include accidents, muscle strains, and sports injuries. Although the causes may be different, most often they share the same symptoms.**

## Symptoms of back pain can include:

- Persistent aching or stiffness anywhere along your spine, from the base of the neck to the tail bone
- Sharp, localized pain in the neck, upper back, or lower back -- especially after lifting heavy objects or engaging in other strenuous activity; (pain in the upper back can also be a sign of a heart attack or other life-threatening conditions.)
- Chronic ache in the middle or lower back, especially after sitting or standing for extended periods
- Back pain that radiates from the low back to the buttock, down the back of the thigh, and into the calf and toes
- Inability to stand straight without having pain or muscle spasms in the lower back

## Call Your Doctor About Back Pain If:

- You feel numbness, tingling, or weakness in your groin, arms or legs; this may signal damage to the spinal cord. Seek immediate medical help.
- The pain in your back extends downward along the back of the leg; you may be suffering from sciatica.
- The pain increases when you cough or bend forward at the waist; this can be the sign of a herniated disc.
- The pain is accompanied by fever, burning during urination, or frequent and/or urgent urination. You may have an infection.
- You begin to have problems controlling your bowels or bladder; seek immediate medical help.

***Other "red flags" that could point to a serious back pain problem include:***

- A history of cancer
- Unintentional weight loss
- You have been on steroids or medication that weakens your immune system
- A history of trauma
- Pain that is getting worse and does not get better after you rest
- Pain that has lasted more than a month
- Nighttime pain
- Unresponsive to earlier back pain therapies
- A history of IV drug use

## Inflammatory Back Pain: Diagnosis and Medication Options

When you have back pain, the goals of treatment are to make you feel better and to get you moving freely and easily again.
Your treatment options will depend on where your pain is and whether it's acute -- sharp and sudden, caused by something specific -- or chronic -- lasting more than 6 months, perhaps lingering after an injury or illness has healed.

## Diagnosis and Tests

Unless you can't move at all because of an injury, your doctor probably will test your range of motion, check how your nerves are working, and press on your back to zero in on the problem area. You might have blood and urine tests to rule out other problems, like an infection or a kidney stone.

Doctors generally use imaging tests for checking out ongoing pain, if your back was hit by something, when you also have a fever, or you have nerve problems such as weak or numb arms or legs, too:

• X-rays help pinpoint broken bones or other trouble with your spine.
• An MRI or CT scan can show your doctor what's going on with soft-tissue damage, such as a herniated disk.
• An electromyogram (EMG) helps find nerve and muscle damage.
• But there's not always a direct link between the results of these tests and how much it hurts.
• Imaging tests typically aren't done when it's the first time you've had back pain or your back hurts because you overdid it.
• Your diagnosis will help your doctor decide what to do next.

## Treatment at Home

• The basic way to relieve a strain or minor injury is to take it easy for a while. Use an ice pack and an over-the-counter pain reliever such as acetaminophen, aspirin, ibuprofen, or naproxen. After the inflammation calms down, a heating pad or pack can help soothe muscles and connective tissue.
• If you have chronic back pain, sleep on a medium-firm mattress.
• Pay attention to your posture. Slouching puts stress on your back.

## Exercise and Physical Therapy

• Bed rest, which used to be what doctors advised for back pain, may do more harm than good. It could slow your recovery and cause new problems. With acute pain, you should be able to start normal, easy activity, like walking, within a few days. After that, gradually ramp back up to your usual exercise level.

Strengthening both your abdominal and back muscles helps stabilize your spine. Pilates exercises build these core muscles. You can help prevent further back injury by learning - and doing - gentle stretching exercises and the right way to lift things.

Exercising in the water is especially safe for a sore back. The water supports some of your weight, which can make you more comfortable, and it offers gentle resistance, which builds your strength. Aquatic therapy can make you more flexible and lessen pain for chronic low back problems.

Yoga may help your flexibility, strength, and sense of balance. It's good for stress relief, which will also help you deal with the pain.

Physical therapy uses a tailored exercise program along with a variety of techniques that could include:
• Massage
• Heat
• Ultrasound
• Whirlpool baths

## Medication

• If you're struggling to get through a normal day, your doctor may prescribe stronger pain medicines or muscle relaxants. But you have to be careful. Some of these prescription medicines can make you drowsy. You could also become dependent on hydrocodone /acetaminophen (Vicodin), oxycodone/acetaminophen (Percocet), or other medications with opioids in them.
• The antidepressant duloxetine (Cymbalta) may help with arthritis and chronic lower back pain. Doctors sometimes prescribe antidepressants and anticonvulsants for pain related to irritated nerves. Steroids that you swallow usually aren't recommended for acute low back pain.
• A back or pain specialist may inject steroids or other drugs directly into your back to help control the pain.

## Chiropractic and Osteopathic

• Spinal manipulation can work for acute low back pain, but it may not be as effective for chronic back pain.
• Getting chiropractic adjustments soon after you've hurt your back may prevent chronic problems later.
• Osteopaths often combine drug therapy with spinal manipulation or traction, followed by physical therapy and exercise.

## Acupuncture

• This ancient Chinese healing practice may bring relief for people with chronic low back pain. Gently placing thin, dry needles into your skin at specific points may trigger the release of endorphins, your body's natural painkillers, or it may change your brain chemistry so you have a higher pain tolerance. You should use it along with other treatments.

## Nerve Stimulation

• These treatments are intended for long-standing back pain and nerve damage.
• Radiofrequency ablation electrically stimulates specific nerves to make them less sensitive to pain. It can also zap the nerve to destroy it and prevent further pain.
• TENS, or transcutaneous electrical nerve stimulation, may help block pain signals or trigger your body to make endorphins. A small battery-powered device sends a signal through electrodes taped to your skin to give you a tingling feeling.

## Counseling

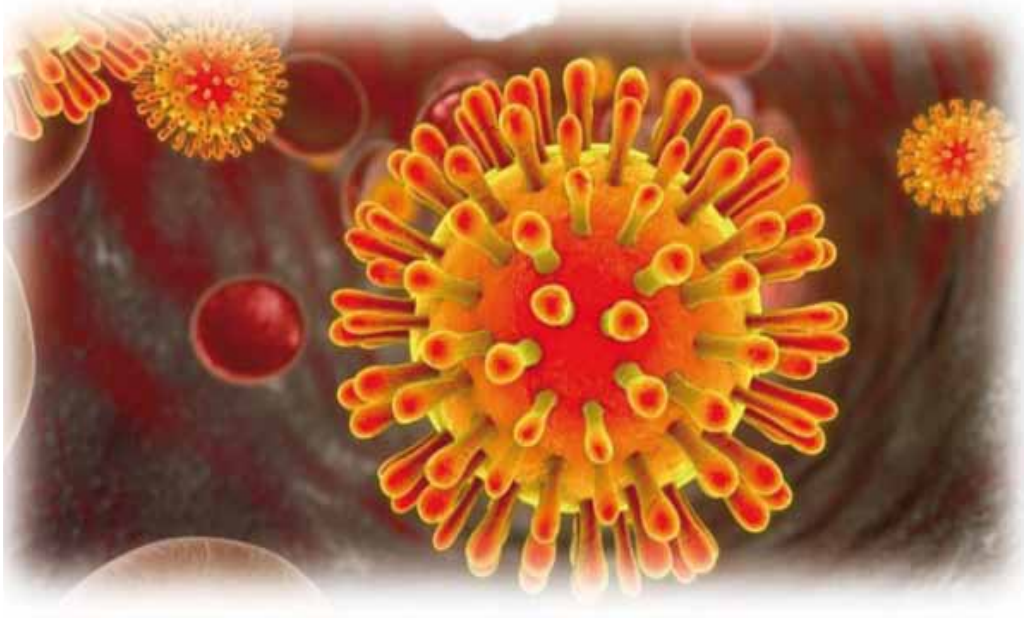
• Cognitive behavioral therapy (CBT) can often lessen back pain, change how you think about your levels of pain and disability, and even lift depression. People have been able to take less medication while improving their outlook.
• If your lower back pain is related to muscle tension or spasm, biofeedback can help you train your muscles to respond better to stress and movement. It may lessen the pain intensity and the need for drugs.

## Surgery

• For most chronic back pain, this is a last resort. You may need surgery when you have a herniated disk or a pinched nerve from the spinal cord.
• Rhizotomy - surgically cutting a nerve stops it from sending pain signals to your brain. The surgery can fix the symptoms caused by extremely damaged nerves and rubbing surfaces in a spinal joint, but it doesn't address other problems, like herniated disks.

# ENSURING SERVICES FOR PEOPLE WITH ADVANCED HIV DISEASE - MORE IMPORTANT THAN EVER

Laura Broyles



As COVID-19 rapidly spread, the global HIV community grew increasingly concerned about the potential impact of COVID-19 on the 37.9 million people living with HIV, or PLHIV, globally. Would HIV infection be a risk factor for COVID-19 infection or mortality?

Fortunately, most data suggests that PLHIV who are virally suppressed on antiretroviral therapy, known as ART, and have a strong immune system, as measured by CD4 count, are similar to the general population regarding their risk of acquiring COVID-19 or having severe COVID-19 disease although a recent report from South Africa has suggested a higher risk of death in PLHIV, regardless of ART status.

It is still unclear whether advanced HIV disease, or AHD, diagnosed when someone has a CD4 cell count of <200 cells/µl, is associated with increased risk of COVID-19 infection and mortality when compared to the general population. Studies of hospitalized patients with COVID-19 found that lower lymphocyte counts - including subsets such as CD4 - caused by SARS-CoV-2, the virus that causes COVID-19, were associated with severe disease and increased mortality. However, this does not necessarily equate to increased risk for those with lower CD4 counts prior to COVID-19 infection.

There is overall growing awareness that even if PLHIV are not at increased direct risk from COVID-19 itself, the wide-ranging impact on the health care system associated with the COVID-19 response has the potential to have a detrimental impact on hard-won gains in the HIV response, especially the dramatic decrease in new HIV infections and AIDS-related deaths that have resulted from expansion of HIV testing, treatment, and prevention programs.

## INDIRECT NEGATIVE IMPACT OF COVID-19 on PLHIV

COVID-19 has led to service delivery disruptions across the globe due to a variety of factors, including avoidance of health care facilities because of fear of infection, inability to access clinics due to restrictions on movement and travel, and inability to afford transport or items such as masks needed for facility visits due to income loss. In addition, key services such as HIV testing, prevention activities and adherence counseling have been curtailed due to social distancing requirements and diversion of resources to COVID-19 control.

These disruptions in services could have serious repercussions for the HIV response, especially in sub-Saharan Africa. A recent report released by the World Health Organization and UNAIDS estimated that up to 500,000 excess deaths from HIV-related illnesses could result from a prolonged interruption of ART.

The main contributor to these excess deaths is the rapid decrease in CD4 cell counts that occurs after ART is stopped. Although it may take years of ART to achieve immune recovery, those gains are lost quickly, with studies showing a median loss of 187 CD4 cells/µl after just 2 months off ART. One-quarter of people will lose >300 cells/µl in that time.

### Advanced HIV disease a critical vulnerability

Patients already diagnosed with AHD are a particularly high-risk group for COVID-related service delivery disruptions for reasons that include the following:

- By definition, AHD patients have a lower CD4, so they have less "buffer" for declines in CD4. Even a small decrease in CD4 related to ART interruption or undetected increase in viral load could result in severe immunosuppression, placing these patients at increased risk for opportunistic infections, wasting syndromes, and other life-threatening conditions.
- In addition to ART, people living with AHD may require medications such as cotrimoxazole and pre-emptive fluconazole therapy; interruptions in supply of these drugs increases risk for new or rebounding infections.
- Decreased access to facilities limits opportunities for patients with AHD to receive critical diagnostic procedures such as cryptococcal antigen screening and TB screening and testing, increasing potential for undetected infections.
- Overlap in the clinical presentation of COVID-19 and diseases associated with AHD (for example, tuberculosis and Pneumocystis pneumonia) can make diagnosis more difficult and lead to poorer outcomes due to misdiagnosis.

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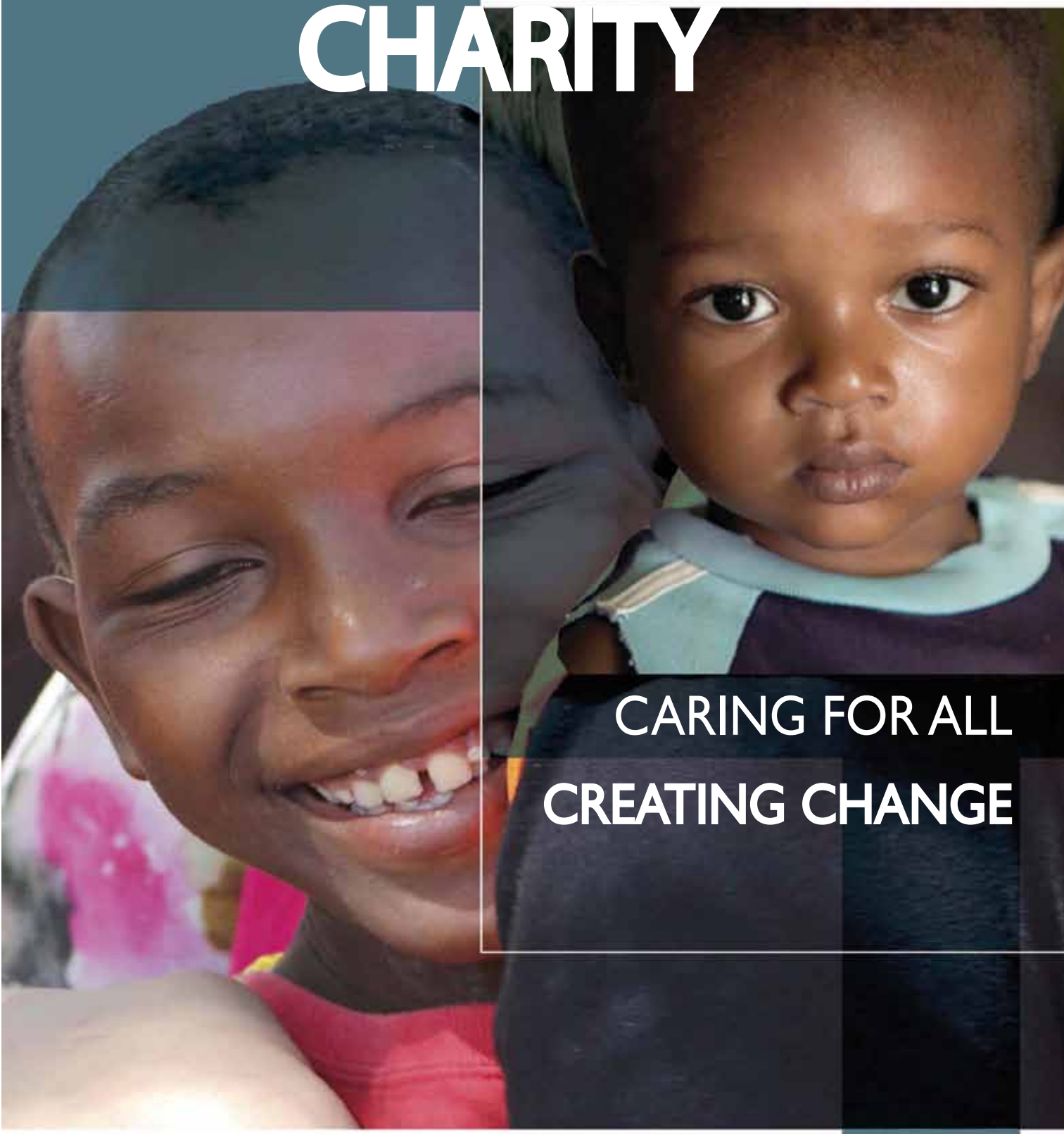

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