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First word

The relationship between infections and asthma has been recognised for over a century. Osler noted that every 'fresh cold' could induce a paroxysm of disease.¹ Stachan, an epidemiologist, proposed that lower incidence of infection in early childhood can be responsible for increase in allergic disease.² It is also well known that viral infections have been implicated in asthma exacerbations and they also contribute to asthma inception in high-risk young children with susceptible genetic background. Therefore, a history of wheeze associated with viral infections early in life is one of the risk factors for the development of asthma in childhood. It has also been discovered that the more severe the asthma is, the more the likelihood of isolating viruses from the respiratory tract. Studies by Gbadero et al have shown that the viral inciters are one of the triggers for asthma in children.³

In this edition of the *African Journal of Respiratory Medicine*, Gobir et al found that a significant proportion of asthmatic children had co-existent allergic rhinitis and that the presence of allergic rhinitis is associated with poorer control. This confirms previous work that allergies not only trigger asthma but also may worsen exacerbations. Most allergies are viral in origin and the relationship between allergic rhinitis and asthma is pretty well established. Doctors must keep this in mind when evaluating and treating asthma.

Prescribing antibiotics has been a problematic issue in Africa where regulations are poor, there are numerous fake drugs, and almost every disease has only one solution – antibiotics. This has led to increasing antibiotic resistance. Health practitioners should be aware of this impending danger and hospitals should have a rational approach to prescribing antibiotics. Pharmacodynamics, pharmacokinetics, and the local microbiologic spectrum and antibiotic resistance pattern must be considered. Government should also put policies in place to control this problem. Futuristically, to circumvent this bizarre way of prescribing antibiotics, scientific thrust should be directed towards development of vaccines.

Prof Gregory Erhabor, Co-Editor, AJRM

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