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First word

This issue of *AJRM* has articles on tuberculosis, asthma, and indoor pollution. The diseases discussed are fairly common in Africa, but pneumonia remains the major cause of morbidity contributing to about 20% of under-5 mortality. The introduction of a conjugated pneumococcal vaccine in many countries is expected to change this situation and studies to shed light on its impact are awaited. Traditionally, the treatment of pneumonia has been empirical and this has served us relatively well. This is because the commonest bacterial cause of pneumonia has been pneumococcal which by and large responds to penicillins. Most viral causes of pneumonia are self limiting and do not require specific treatment. The ability of many African countries to confirm the etiology is limited; this is now a matter of concern because of the emergence of resistant organisms and new lethal pathogens.

The emergence of Severe Acute Respiratory Syndrome (SARS) and recently Middle East Respiratory Syndrome (MERS), both fairly lethal and caused by corona viruses, has brought to the fore the need for better diagnostic services. Though these diseases still do not have specific treatment, confirming the etiology is vital as we need to notify the disease and set up intervention to reduce its spread. MERS, as its name suggests, has been mainly reported in the Middle East where many Africans visit, either for shopping or religious pilgrimage, so there is a potential of spread within the region. We call upon health workers to have a high index of suspicion and institutions to upgrade their diagnostic capabilities.

The Editorial team is happy to note that the Pan African Thoracic Society (PATS) will again this year hold its annual research methodology training (PATS MECOR), which is very popular with African clinicians and other health workers. The role of the American Thoracic society (ATS) in providing support is greatly appreciated.

Evans Amukoye, MD, Co-Editor

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