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First word

In the last six months we have seen a lot of activity in the field of medicine; there is the Zika virus that threatened the Olympic games and crossed over to the USA; and yellow fever raised its ugly head with outbreaks reported in Angola and the Democratic Republic of Congo. The reason for this increase of re-emerging diseases is not clear, but climate change and human migration together with the ongoing evolution of viral and microbial variants, and drug resistance, are the most likely contributing factors in this phenomena. We in Africa should continue to strengthen our surveillance systems so that our capacity to identify and deal with any medical threat is improved.

In this issue we have interesting articles mainly focusing on asthma. The prevalence of asthma in Africa and even the world remains controversial as definition is varied. The Global Asthma Report of 2014 (www.globalasthmareport.org) puts the number as 300 to 400 million people who are affected globally by asthma, and 250 000 dying, with most of the deaths occurring in the low- and middle-income countries.

There still remains disagreement on the diagnosis of asthma despite some groups having tried to standardise it. Many clinicians and researchers would accept the cause is reversible airway obstruction with eosinophilia, diagnosed if possible, by typical histological findings. Yet there are many patients presenting with reversible airway disease without the other findings. To make it worse the co-morbidity that occurs with asthma not only cause asthma-like symptoms, but can also make the pre-existing condition worse and more difficult to control. Bateman Ed et al² estimated that up to 20% of patients did not achieve control despite gold standards of care. In a study carried out by Marchant JM et al on Australian children and published in *Chest* showed that only 5% of children earlier diagnosed with asthma had the condition after thorough investigation. That means a large number of people may unnecessarily be on long-term treatment without the condition.¹

The three articles within this issue of *AJRM* look at ways to control asthma and how to utilise a spirometer, which is one of tools used to confirm reversibility. These are important areas as the control can be a measure of proper use of medication and other control measures, but can also give an indication if one is not on the right path, and require re-assessment.

The Editorial team would like to thank all readers who continue to patronise this journal and encourage them to continue sending in their manuscripts.

Evans Amukoye, Co-Editor, AJRM

1. Bush A, Fleming L. Is Asthma Overdiagnosed? *Arch Dis Child* 2016; 101 (8): 688–689.
2. Bateman ED, Boushey HA, Bousquet J, et al. Can guideline-defined asthma control be achieved? The Gaining Optimal Asthma Control Study. *Am J Respir Crit Care Med* 2004; 170: 836–844.

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Front cover: Family members in Mulindi village, Kazungula District, Zambia, listen as Dr. Mattea Clarke shows them how to manage their daughter's asthma. © 2012 Malcolm Spence/On Call Africa, Courtesy of Photoshare.

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