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Mapping of any anemia and severe anemia among children less than five years of age in Sub-Saharan Africa

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Background: Anemia in children is a public health concern in Sub-saharan African (SSA) countries in general, but its spatial distribution remains unknown. Identifying anemia hotspots and the associated factors is critical to monitor and prioritize successful interventions, but also to target interventions to those with the greatest need.

Method: We analysed data from nationally representative Demographic and Health Surveys (DHS) administrated in 30 Sub-Saharan African countries, which comprised a total of 127,608 children (6-59 months of age). Spatial heterogeneity analysis was conducted using interpolation methods, Kulldorff scan statistics and hotspot regions were identified. Using multilevel logistic regression, factors associated with any and severe anemia were identified. A mixed-effect logistic regression model was run, and adjusted odds ratios (AORs) with corresponding 95% confidence intervals were estimated.

Results: The prevalence of any anemia (64%) was very high. Severe anemia was prevalent in 2.9% of the children. The prevalence of anemia increased in 10 of the 22 countries during the period of 2010-2020. Anemia was a severe public health concern (>40%), except in Rwanda (37 %) and Zimbabwe (37%), where it was a moderate public health problem. Being male, younger, stunted, and wasted significantly increased the odds of anemia (P<0.05). Maternal factors like antenatal-care coverage, age, and education level were significantly associated with child anemia.

Conclusion: Anemia remains a severe public health concern in most parts of SSA, with significant clustering. Multisectoral interventions that improve maternal and child nutrition and health are urgently needed; the spatial analyses presented in this study can support the design and prioritization of interventions.

Biography

Bayuh Asmamaw Hailu is an Epidemiologist and Biostatistician at Wollo University. Bayuh Asmamaw has his expertise in evaluation and passion in improving the health and wellbeing. His open and contextual evaluation of geographic and non-geographic models based on responsive constructivists creates new pathways for improving health care. He has been modelled in research after years of experience in evaluation, and administration in health, agriculture, and education sectors. He has ample knowledge of different open source GIS and other statistical software. He used to link his software ability and his health education background and experience, and he can easily show health problems for planners and decision-makers as well as any concerned bodies.

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Cardiovascular Risk Prediction, Glycemic Control, and Determinants in Diabetic and Hypertensive Patients in Massawa Hospital, Eritrea: Cross-Sectional Study on 600 Subjects

Dr. Berhe Tesfai

Dr. Berhe Tesfai

Background: Hypertension and diabetes are key determinants of cardiovascular risks. The objective of this study was to calculate 10-year incidence of cardiovascular risk, determine cardiovascular risk factors, and evaluate how diabetes and hypertension are controlled in patients in Massawa Hospital, Eritrea.

Methods: This was a hospital-based cross-sectional study and a checklist and interview were used as data-collection tool from October 10 to November 20, 2020. Written consent was obtained from each study participant before starting the study. Descriptive statistics were used, and results are presented in percentages in tables, $p<0.05$ was considered significant.

Results: A total of 600 patients were enrolled in the study, dominated by the Tigrigna (58.7%) and Tigre (26.7%) ethnic groups. About half the patients (58.8%) had a body-mass index of 18–25 kg/m2, with abdominal circumference of <95 cm (74%). Most (93.5%) patients had <10% risk of cardiovascular complications in the coming 10 years. Age showed significant association with hypertension, diabetes mellitus, cardiovascular risk, and poor glycemic and blood-pressure control ($p<0.001$). Body-mass index, abdominal obesity, and history of stroke were associated with hypertension and diabetes mellitus ($p<0.001$). Moreover, smoking, hypertension, and monthly income were associated with higher cardiovascular risk ($p<0.001$). In addition, hypertension and abdominal obesity were associated with glycemic control ($p<0.001$), and blood-pressure control was significantly associated with diabetes and hypertension ($p<0.001$).

Conclusion: Age and hypertension were associated with diabetes, cardiovascular risk and poor glycemic control, and smoking, abdominal obesity, and monthly income also significant associations with higher cardiovascular risk and glycemic control. Cessation and adjustment of modifiable factors, such as smoking, hypertension, and regular exercise are highly recommended.

Biography

Dr Berhe, a Medical Doctor, worked in different hospitals of the country and as a medical director in one of the country's Zonal Referral Hospitals; Massawa Hospital for three years. Currently, I am taking my post-graduation specialty residency program in Orotta National Referral Hospital. I have done about 14 operational researches during my work experience in which most of them are published on international journals. I have participated in different zonal and national research conferences, and consensus workshops.

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Assessment of Microbial Load in Regional Hospitals in Albania

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Contaminated hospital indoor environments can expose patients to microorganisms and different infections. The aimed study was to assess the microbial load in hospital facilities inside Albania Regional Hospitals during the period 2017-2019. A cross-sectional study was conducted during the period 2017-2019 for the assessment of microbial contamination in operating rooms, resuscitation, and delivery rooms in 12 regional hospitals in Albania. One thousand and three hundred microbiological specimens were collected from air and surfaces using 5% sheep blood agar (Oxoid, UK) and processed at IPH microbiology laboratory following the standard bacteriological procedures Data were analyzed using Statistical Software Package for Social Sciences (SPSS) version 23. Out of the total number of samples, 1148 (88.3%) were collected from surfaces and 152 (11.7%) were from the air. Bacterial growth was identified in 314 (24.2%) out of 1300 samples (95% CI 21.89–26.62). From the total site samples processed during the study period, bacterial growth showed 282 (89.8%) samples from surfaces and 32 (10.2%) air samples. There was found a significant association p-value =0.035. Regarding the sampling place collection, the largest number were collected in operating rooms (60.3%) followed by emergency rooms (28.2%), ICUs (7.7%), and maternity units (3.8%). Gram-negative isolates were predominant at 235 (74.8%), while the Gram-positive were at 60 (19.1%). E. coli was the most frequent bacterial isolate (50%) followed by Pseudomonas aeruginosa (23.6%), Staphylococcus aureus (19.1%), and Klebsiella pneumoniae (1.3%). Also, we found a fungal agent such as Aspergillus in 19 (6.1%) samples. The isolated bacteria's overall drug resistance profile revealed that 66.8% of gram-positive bacteria were resistant to two or more antimicrobial drugs tested. This study revealed that the surface and air and air within different wards of the hospitals studied were contaminated with different types of bacteria. Bacterial loads on the surface and air exceeded normal limits. Additionally, the study pointed out high levels of antimicrobial resistance to the drugs commonly prescribed for isolates. Therefore, intervention strategies need to be strengthened to expand infection prevention practices in hospitals. Continuous monitoring and monitoring of in-hospital pathogen types and susceptibility patterns should be performed on a very regular basis.

Biography

Dr. Gjergji Koja has a diploma from the University of Tirana, Faculty of Medicine in 1995 as a Medical Doctor. In the same year, he became part of Durres Hospital as a pathologist medical doctor. Meanwhile, Dr. Koja has completed his Master in Medical Sciences during the years 2001-2002 and Master in European Studies during the years 2004-2005. He gained the Doctor of Medical Sciences (Ph.D.) in the Faculty of Medicine, University of Tirana, in 2008. In 1999 he pursued a rich career that began with his appointment as Director of the Durres Regional Hospital and later as Deputy Minister and then Minister in the Ministry of Health. From 2001-to 2005 he was a member of the Albanian Parliament and Deputy Chairman of the Parliamentary Committee on Health and Environment and Deputy Chairman of the Parliamentary Committee on Health, Labor and Social Affairs. Also, since 2006, he has been a lecturer initially at the Faculty of Medicine and since 2020 a full-time internal lecturer at the University "Aleksandër Xhuvani", Elbasan, Faculty of Medical and Technical Science.

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Therapeutic Education in a dyadic approach in Alzheimer's disease

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Statement of the Problem: Alzheimer's disease (AD) is a major public health issue in Western societies. Non-pharmacological therapies are at the forefront of therapeutic strategies du to the current lack of pharmacological treatment. The purpose of this study was to assess the impact of an educational intervention called Therapeutic Patient Education (TPE) on the AD patient's quality of life, conducted in a dyadic approach (patient/caregiver)

Methodology & Theoretical Orientation:
This randomized, single blind, monocentric controlled trial, called THERAD (Therapeutic Education in Alzheimer's Disease) was conducted in the Toulouse University Hospital in the south of France between 01.01 /2013 and 31.12/2016. THERAD involved 196 patients and their caregivers (196 dyads), 98 in the intervention group (a structured TPE intervention, with individual sessions for patients and caregivers and group sessions only for caregivers) and 98 in the control group, both followed of one year. The primary outcome was the AD patients' Quality of life (QOL) on the QOL Logsdon scale proxy-reported by caregiver. Secondary outcomes were the AD patients' QOL self-rated, behavioural and psychological symptoms, autonomy, caregivers' burden and QOL.

Findings:
The AD patients' QOL was not improved when proxy reported by the caregiver but significatively improved when self-reported by the patient. We did not retrieve any impact of the intervention on others secondary outcomes.

Conclusion & Significance:
Despite possible methodological bias, this result underlines the challenging issue of the QOL assessement, and the importance of a double perspective in AD. Recent literature report effects of educational intervention when included in a multicomponent intervention (psychological support, respite care). Moreover, the dyadic approach is now widely used (3). A dyadic approach in both intervention and assessement seems innovative and inclusive. Among exhausted caregivers, we retrieved a positive effect of TPE. Thus, the caregiver burden could be the target of future educational interventions. The patient's AD patient's QOL remains a mutidimensionnal relevant criterion.

Biography

Dr. Hélène Villars is a French physician, geriatrician, at the Geriatric Department of the Toulouse University Hospital . She earned an MD degree in Geriatrics from Toulouse University and is currently finishing is PhD in Public Health on non pharmacological intervention such as educational intervention adressed to the dyad (patient/caregivers) in Alzheimer's disease. She is a member of the French Society of Geriatrics In her daily clinical activity at the Toulouse University hospital. Dr. Villars is the head of a day care hospital and a support plateform for nursing home residents during the COVID period

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Does fever increase or decrease blood circulation?

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This is the first time many people have heard such a question.

When it comes to treating back pain, neck pain, and knee pain, it is often heard that the cause of the pain is reduced blood flow. A variety of heat-inducing devices are used to increase blood flow to the lower back, neck, and knee pains. Physiotherapy often provides more heat than fever.

To this day, no one has heard that fever is caused by poor blood flow.

As the disease progresses, blood flow decreases. Body tingling, body aches, and narrowing of the blood vessels under the skin are the signs, symptoms, and signals of decreased blood flow. Signs, symptoms, and signals of decreased blood flow show before the onset of fever.

When the disease becomes a threat to life or organs blood circulation decreases, Temperature of fever will emerge to increase prevailing blood circulation.

It is a well-known fact that as the disease progresses, blood flow decreases and this can lead to death. When there is a decrease in blood flow and its signs, symptoms, and signals, the immune system do actions to increase blood flow to save lives. It has been proven around the world that all types of heat increase blood flow. The heat of the fever increases the blood flow. Fever increases blood flow, which means more lymphocytes flow through lymphoid tissues. If the heat of the fever increases the blood flow, reducing the heat reduces the blood flow. It will increase inflammation and infection and finally, death will occur.

According to physics, it is foolish that when fever temperature is reduced, shows the symptoms, signs, and signals of reduced blood flow, are ignored and then treated to reduce the heat again. The fever is heat energy. To date, modern science has not studied what actions were carried out heat on fever.

The cause of all complications, including death, is the treatment of fever without knowing why it is hot.

Biography

A practicing physician in the field of healthcare in the state of Kerala in India for the last 33 years and very much interested in basic research. My interest is spread across the fever, inflammation and back pain. I am a writer. I already printed and published nine books on these subjects. I wrote hundreds of articles in various magazines.After scientific studies, we have developed 8000 affirmative cross checking questions. It can explain all queries related to fever.

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Application of Non-Smoking Areas in Hospitals: Literature Review

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Background: In various countries in the world, the problem of smoking is now considered as something serious because of the effects of smoking which can not only lead to addiction but also have the potential to harm health. Public health authorities have concluded that one solution that can be done to protect the public from active smokers is to issue a policy that requires public facilities to be completely smoke-free. The hospital is one of the public facilities that has been designated as a smoke-free area. However, the implementation and maintenance of a successful program based on a smoke-free hospital is still considered an ongoing challenge worldwide due to the very low level of adherence. The low level of compliance with this smoke-free policy is also seen in other public facilities. The purpose of the literature review is to review the level of compliance with the application of the Non-Smoking Area policy, how this policy has succeeded in reducing smoking activity in hospitals, and what factors lead to such compliance in each country in the world.

Methods: Lietrature review of articles was carried out on all types of research methods, both qualitative and quantitative. The sample is all subjects who are in the research location which includes patients, staff and hospital visitors.

Results: Various variations in the level of compliance were found from various literatures. The literature with the highest level of compliance is 88.4%. Furthermore, several determinants that are known to affect the compliance of KTR policies in hospitals include communication, information, knowledge, perceptions, interventions, attitudes and support. Obstacles in its enforcement are the absence of sanctions against violators of the KTR policy, the ineffectiveness of the function of policy makers in hospitals, and negative perceptions of smoking related to mental health.

Conclusion: Violations of the KTR policy are often committed by the hospital staff themselves, which makes it difficult for this policy to be fully enforced at various points in the hospital.

Keyword: Implementation, Health Policy, Non-Smoking Area, Hospital.

Biography

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In addition to being a doctoral student at the Faculty of Public Health, Hasanuddin University, Inayah is a lecturer at the Health Administration Study Program, Faculty of Sports Science, and Makassar State University for 3 years.

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