Editorial

I often get asked by my patients as to when the Covid epidemic is going to end. COVID-19 infections appear to be declining but we may well experience a rise in cases if there is an emergence of subvariants of the Omicron strain as other subvariants locally and internationally have shown limited durability of protection from infection, both from vaccination and prior infection. If we reach a state of endemicity, we could possibly envision a state of normality for everyday life. However, we are going to have to deal with the effects of long Covid. The prevalence of long Covid is variable with estimates of 10% to 30% of individuals experiencing long Covid symptoms after infection. A recent study from China, reported that up to 55% of survivors, who were hospitalized with COVID-19 infection, had symptoms 2 years later. (1) There is evidence that Covid vaccination can reduce the risk of long Covid. Thus we need to continue to seek ways to improve vaccination rates, as this strategy should be the cornerstone of COVID-19 prevention and mitigation locally and abroad.

At the start of the Covid pandemic, an area of focus of many health facilities was the preparedness of health centres and health practitioners in dealing with a major infectious disease pandemic. In this issue of the journal, Marx M et al describe infection control practices (IPC) at the onset of the Covid-19 pandemic at one of the largest urban public hospitals in Johannesburg, South Africa. The study details the differences in IPC practices in different medical disciplines, inconsistencies in training protocols and the authors suggest a roadmap on how formalised IPC training should be targeted in future.

The use of Cannabis has been controversial worldwide. It has been a popular drug in South Africa despite its use being illegal. However, its use became decriminalized after a landmark court ruling, and as a result its use has increased substantially in South Africa. In this issue of the journal Venter J et al, provide a timely report on Cannabis exposures reported at a poison centre in the Western Cape. They detail a significant rise in Cannabis exposures at the poison centre since cannabis became decriminalized. They also highlight the problem of accidental cannabis exposure, especially in young individuals. Due to the increased use of Cannabis, they also recommend that health practitioners working in emergency departments need to be adequately informed of the adverse consequences of Cannabis exposure in South Africa.

Trauma is a major burden to the healthcare sector in South Africa. As management of a patients with trauma consume substantial resources, appropriate triaging of patients is important. Thus the report of Goldstein et al, in this issue of the journal is a timely one. They analysed over 9000 trauma patients presenting to an emergency department and assessed the value of clinical judgement versus two other scoring protocols in determining when a trauma team needs to be activated. Their study suggests that clinical judgement assessment by healthcare providers tends to overestimate trauma team activation. They thus recommend the implementation of a trauma team activation guideline or tool to help appropriate optimisation of patient care, which in turn will optimize resource utilisation as well.

Computer tomography (CT) uses thousands of X-ray images to generate a three-dimensional image of the body. This technology has truly been revolutionary in the diagnostic armamentarium of patients and is difficult to believe that 50 years has passed since the first CT scan was performed at a hospital in the United Kingdom. Interestingly and what is hardly known is that there are two South Africans who made seminal contributions towards the foundational theory and clinical development of the CT scan. Naidoo and Mochan, in this issue of the journal highlight this South African connection. I agree with them that we should be truly proud as South Africans that these individuals were born and educated in South Africa. The cover of the current issue, a CT scanner, is thus dedicated to these two remarkable South Africans.


Pravin Manga
Editor
Wits Journal of Clinical Medicine
Hello Summer

Goodbye Cholesterol!

LIPID MANAGEMENT

ZYTEZO, administered with an HMG-CoA reductase inhibitor (statin) or alone, is indicated as adjunctive therapy to diet for the reduction of elevated total cholesterol (total-C) and low-density lipoprotein cholesterol (LDL-C) in patients with primary (heterozygous familial and non-familial) hypercholesterolaemia.

Dosage:
10 mg once daily, used alone, with a statin or with fenofibrate.

ZYTEZO can be administered at any time of the day, with or without food.

ZYtezo
Ezetimibe 10 mg

ZYtezo
Ezetimibe Tablets
10 mg
30 Uncoated Tablets

ZYtezo