

**EDITORIAL****COULD PUBLIC HEALTH PROBLEM FROM MENINGOCOCCAL DISEASE BE ELIMINATED?**

Peoples living in the 26 countries across the meningeal belt of Sub-Saharan Africa that stretches from Senegal to Ethiopia suffer from repeated epidemics of meningococcal disease. Literatures showed that epidemic meningococcal disease has been present in the stated region for more than 100 years. Though over 80% of cases of the African epidemics are associated with *Neisseria meningitides* serogroup A; in recent years, there is increasing evidence of serogroup W-135 being associated with outbreaks. Epidemics commonly occur during the dry season (December to June in cycles of 5-12 years. When occur, epidemics of meningococcal meningitis in Africa affect hundreds of thousands and kill many thousands of people. In the most recent epidemic in 2009 nearly 90,000 suspected cases and over 50000 deaths were reported from 14 African countries in the belt.

The World Health Organization with respective countries has been implementing a strategy comprising epidemic preparedness, prevention and response. The prevention strategy consists of vaccinating of people at risk in the African meningitis belt with this vaccine.

Several types of vaccines are available for prevention. These include the Polysaccharide vaccines in various combinations, group B protein vaccines and in the recent years the conjugated meningococcal vaccines against different serogroups of meningococcus. Since 2010, a new meningococcal A conjugate vaccine used in west African counties for those aged 1 to 29 years resulted in lowest number of confirmed case of meningococcal A meningitis in subsequent years. The conjugated vaccine is more advantageous over the polysaccharide vaccines since it induces a higher and more sustainable immune response and reduces the carriage of the bacteria in the throat. With the introduction of this new meningococcal A conjugate vaccine, WHO promotes vaccinating all 1-29 year-olds in the African meningitis belt. Though the year of introduction varies, yearly campaign is going on in many of the West African countries, the Sudan and this year to be implemented in Ethiopia. With this integrated effort meningococcal meningitis as a public health problem will become history in the near future.

The current issue of EJHS contains nine diverse (in origin and areas of investigation) original articles, three of them dealing on dental health, two on reproductive health, two on infectious conditions and two on long term treatment outcomes. Additionally, it contains two meta-analyses and one case report on rare conditions.

I invite readers to go through them as they contain new evidence to our day to day practice.

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