

Letter to the Editor

Dear Editor,

I read with enthusiasm the brief communication entitled “Fungal Infection Knowledge Gap in Ethiopia” by Yimtubezinash W (1). As a primary care physician with special interest in dermatology, I found the brief content very enlightening, but frightening at the same time.

The author reported that, at present, the incidence of invasive fungal infection is on the increase in Ethiopia. This agrees with what is observed worldwide, especially among the communities whose immunity is suppressed for various reasons (2). The incidence of invasive fungal infections caused by *Candida*, *Aspergillus* and the deadly *Cryptococcus*, has been on the rise among immune - suppressed patients (2).

The use of prophylaxis with fluconazole among patients with organ transplant and immune suppression with corticosteroids to counter graft versus host disease has shown an increase of this troubling phenomenon (2). As rightly noted in the Brief Communication, studies on invasive fungal infections in Ethiopia are scarce despite the deadly health effects of fungal infections.

Admittedly, the public health impact of invasive fungal infection is not unique to Ethiopia. Asia is also witnessing an unprecedented increase in the incidence of invasive fungal infection since recently.

Invasive fungal infection is associated with poor short- term and long - term survival of the patients (3). The infection is claiming lives every day. Immuno - suppressed patients, patients with organ transplant, and patients with haematological malignancies are, for example, at risk of acquiring the infection. Equally exposed to fungal infections are patients in intensive care units. It is therefore important to note that steps be taken to combat this health menace.

The Centre for Disease Control and Prevention (CDC) has taken many proactive steps in the fight against fungal infections. For example, it disseminates the latest knowledge and research about invasive fungal infection and provides help to local and international health agencies. In particular, CDC provides support to healthcare related facilities and laboratories in resource-limited countries to improve the detection of infections. It gives training on public health aspects of fungal infection. During the training, guidelines on how to prevent fungal infection is developed and used (4).

Help is, therefore, available to countries that lack the resources and knowledge needed to fight against invasive fungal infection.

References

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3. Tang J-L, Kung H-C, Lei W-C, Yao M, Wu U-I, Hsu S-C, et al. (2015) High Incidences of Invasive Fungal Infections in Acute Myeloid Leukemia Patients Receiving Induction Chemotherapy without Systemic Antifungal Prophylaxis: A Prospective Observational Study in Taiwan. *PLoS ONE* 10(6): e0128410. <https://doi.org/10.1371/journal.pone.0128410>.
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