

Editorial

Amongst the numerous issues arising from the tragedy of Ebola is the unavailability of suitable diagnostics for common infectious diseases which are the cause of considerable morbidity and significant mortality in much of the world today. The usefulness of a test to tell us whether the patient's current illness is due to a particular infective agent or not remains a major concern for many common infective diseases. The validation of the actual test being used is another concern. In many countries, including Sri Lanka, there is no formal validation procedure in place before a test is allowed to be used. Interpretation of tests in infectious diseases is also very difficult, particular for infections which are endemic in the country. Two papers in the current journal discuss some of these issues in relation to dengue fever and leptospirosis – both common and of major concern to the general public, medical officers and public health officials.

New tests for diagnosis emerge all the time. Many tests appear to give promising results in diseases where diagnosis is difficult. Tuberculosis is one such disease, where, particularly in extra pulmonary tuberculosis, standard diagnostic tests have been very unhelpful. The emergence of the interferon gamma release assays provided some hope for an improved diagnostic marker. Our review in this journal discusses this assay and its possible role in diagnosis of active disease which I hope will be helpful to those already using the test on their patients and others contemplating its use.

The topic of the invited paper in this issue of the journal is of increasing concern in a world of vast people movement. With recent concerns of the potential rapid spread of viral infections such as influenza and SARS and the immediate concerns on limiting the spread of the Ebola virus, the movement of pathogens accompanying their hosts is now established as an ever present reality. In this context, it is timely to look at diseases such as tuberculosis in a 'migration' context and develop a framework to detect and manage patients with the disease in ways which are 'rights' based and cost effective for both the patient and the host country.

Antibiotic resistance continues to increase in all healthcare settings in the country. A paper from a major hospital in Sri Lanka demonstrates the rise of resistance within one institution over a very short period of time. Once again our attention is drawn to the urgent need for both surveillance of resistance and antibiotic use. In addition, we need to pay serious attention to antibiotic stewardship before we run out of choices for treatment of life threatening infections.

We hope that you will continue to find the contents of this issue useful and thought provoking. Do let us have your feedback as well as contributions for publication in forthcoming issues. Please visit the journal's submission and peer review website at <http://www.sljol.info/>. We would also invite you to register as a Reviewer, as the availability of a wide pool of subject specialists for this purpose would assist us in our task of continuously improving the quality of the Journal.

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