

## **Editorial**

Infection continues to be in the news, with an outpouring of research papers, updates and guidelines for prevention and treatment. One of the key themes in recent times has been the emergence and frighteningly rapid spread of antimicrobial resistance of commonly encountered hospital pathogens. Rapid replication of microbes – both bacteria and viruses – assisted by widespread and uncontrolled use of antimicrobials in much of the world has led to an ever expanding plethora of resistance mechanisms in human, animal and environmental microbes. The Perspective – Combating antimicrobial resistance - in this issue of the Journal explores the implications of antimicrobial resistance in the Sri Lankan context, highlighting the current situation in both state and private sector health care institutions in Sri Lanka. The need for urgent and even immediate action to control the use of antimicrobials and to minimize transmission in healthcare settings through effective infection control measures is self-evident.

Problems relating to surveillance of infectious diseases in countries with limited diagnostic laboratory services has been a continuing theme of the journal. Several papers in this issue continue to grapple with this problem. Various aspects of leptospirosis, typhoid and childhood diarrhoea are explored by the authors of these publications. Their findings are of interest to clinicians, public health officials and policy makers. However, the lack of accurate diagnosis in each study is a major limitation in expanding and applying their findings on a wider scale. Major improvements in reliability and availability of diagnostic tests is essential if we want accurate epidemiological data which is a necessity for appropriate and timely preventive action in these 3 and other infectious diseases.

Different aspects of laboratory diagnosis of common infections are emphasized in the two short reports. Molecular diagnosis is gaining an important place in the diagnostic armamentarium. Although costly, its specific role in difficult diagnostic situations needs further exploration, as seen in the case of a patient not responding to standard antituberculous therapy. Rapid diagnostic tests are a clinicians delight but often, the nightmare of microbiologists! Are they accurate? Can they be safely interpreted? What is their predictive value? Manoharan et al explore the use of dipsticks which are widely used in Sri Lanka in the diagnosis of urinary tract infections in this issue. Their study raises many questions on the usefulness of these tests which merit further exploration.

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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