

**ČO NÁS ČAKÁ v 2023? - Nové Infekcie, Nové vakcíny, Nové lieky
Menej čiernych Jazdcov a snád' viac zdravého rozumu...(Zjv 2,2n)**

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Záver

Hrozí nám viac patogénov i ako máme nachystaných vakcín

Hrozí nám vyššia rezistencia na ATB a ATV, ako ich máme v 2 fáze

Hrozia nám choroby z odmietania vakcín a karantény

Hrozia nám infekcie spojené s chronickou chorobou z ožiarenia

(nezabudni poďakovať organizátorom, že pozvali starého tropického prof-Hippo)

a poslucháčom za ohľaduplnosti, že neupadli do hlbkej meditácie (nepospali)

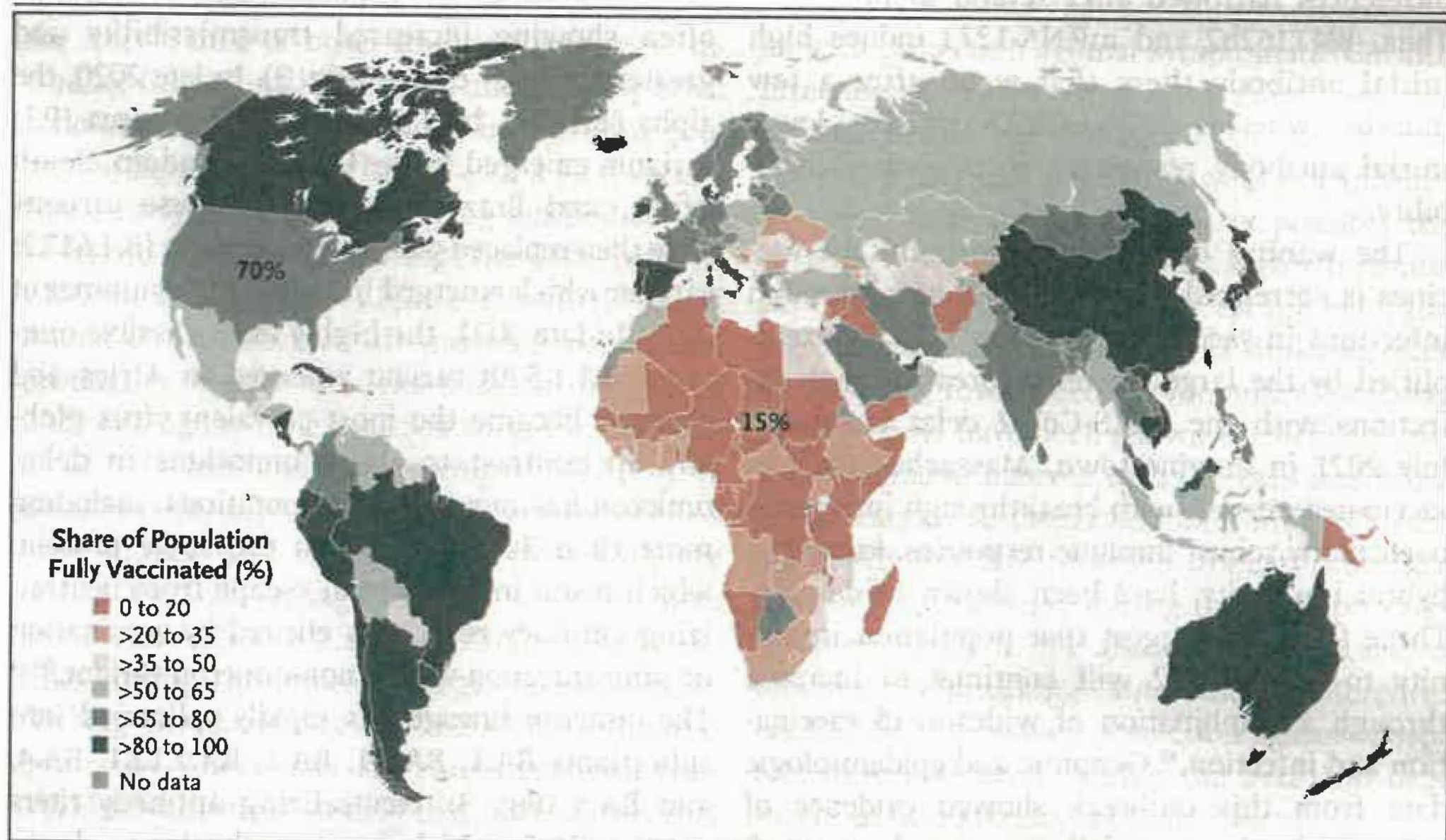


Figure 2. Global Covid-19 Vaccination Rates.

Shown is the percentage of fully vaccinated persons by country as of July 8, 2022. Data are from the *New York Times* (www.nytimes.com/interactive/2021/world/covid-vaccinations-tracker.html).

Prekvapenia v r. 2022

Nové varianty COVID so slabou reaktivitou na očkovanie

Migranti ani UA ani Sýria ani Afganistan nepriniesli do US a EÚ epidémie

Monkeypox u tej istej komunity odkiaľ explodoval AIDS

Prvá vakcína proti Malárii (Lancet ID ct 22)

Nový variant Eboly v Ugande necitlivý na vakcínu ZeBoV

Absencia vakcín proti HIV (40 ročný výskum)

Čo nás čaká v r. 2023

Traja jazdci z Apokalypsy - Nukleárna Havária, Vojna, HIV,
Zoonotická chrípka, a?

Nové vakcíny - Zika, Chickungunya

Polio a ďalšie vakcínou preventabilné choroby pri vojne
(vylepšenie Ebola, Malária, Cholera, TB)

Pozn. na maláriu zomrie 0,5 mil na TB 2 mil, (počítame len deti)

Ďalšie migračné vlny (ohniská Myanmar, Erytrea, UA, BE, RU)

Čo si myslíte vy?



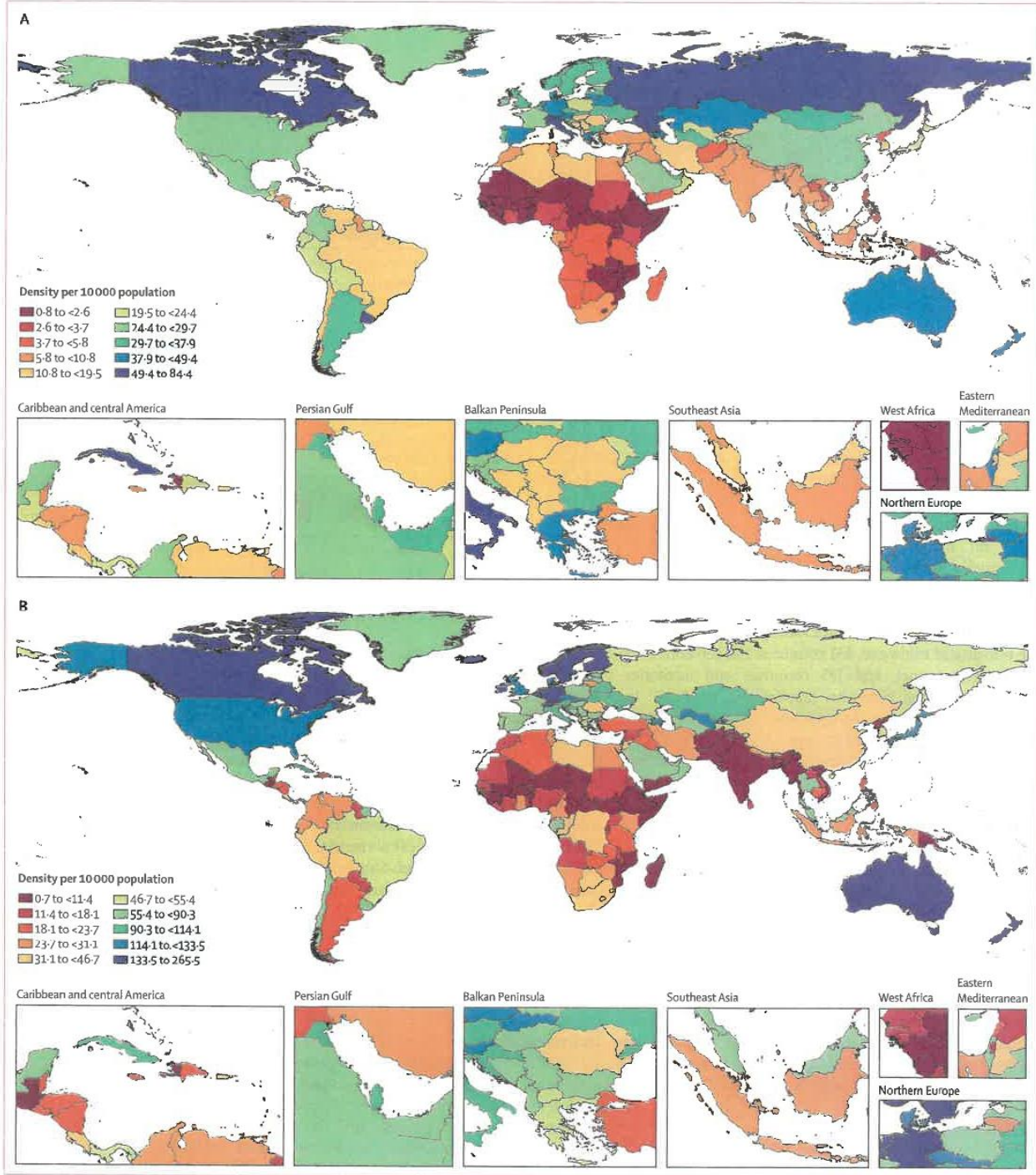


Figure 2: Density of physicians (A) and nurses and midwives (B) per 10 000 population by country and territory, 2019

Nové lieky v prevencii / Liečbe

1. Zdravý rozum (napr. nepiť cholerové koktaily)
2. Ochota prispôbiť sa (disciplína)
3. Akceptácia starých vakcín (Covid, chrípka, Hepat, MMR)
4. Nové vakcíny – Uganda, Ebola, Zika, Chicka, NTS, TB
5. Nové lieky na Covid (Paxlovid, Lagevrio)
6. Nové lieky na HIV, chrípku – Baloxavir, Marboxil

Otázky

Hrozia nám biologické zbrane? Nie. Dôvod:

Tč. nie je známy patogén, ktorý by spĺňal 5P, tj 5 požiadaviek na BW
(HeatS, Ship, WAbs, Txabs, BeSelective)

Hrozí nám akútna choroba z ožiarenia – nie, ALE chronická - áno

Hrozia vo veľkomestách choroby z odmietania vakcín – áno (MMR, Hexa) - áno

(vojnová a ekonomická migrácia, zvykové cestovanie)





War driving cholera in Syria

Conflict has damaged water treatment plants and caused hygiene and sanitation to deteriorate.

Sharmila Devi reports

The UN has warned that a cholera outbreak in Syria poses a "serious threat" to the region, with more than 1000 suspected cases and eight deaths reported as of mid-September, 2022, and the true numbers are likely to be under-reported, say aid agencies. The outbreak's source was thought to be unsafe water from the Euphrates river used for drinking and to irrigate crops leading to food contamination, said the UN. "This outbreak is also an indicator of severe shortages of water throughout Syria. The United Nations have been sounding alarm bells on this issue for some time", said a statement on Sept 12 from Imran Riza, UN Humanitarian Coordinator in Syria. "With the Euphrates levels continuing to decrease, drought-like conditions and the extent of destruction of the national water infrastructure, much of the already vulnerable population of Syria is reliant on unsafe water sources, which may lead to the spread of dangerous water-borne diseases, particularly among children", said Riza. Neighbouring Iraq, which has seen drought as well as conflict, saw an outbreak of cholera earlier this year for the first time since 2015. Aid officials were concerned that if the Syria cholera outbreak worsened, countries might shut their borders used for aid deliveries, including the crossing from northern Iraq to the northeast of Syria and the crossing from Turkiye to the northwest of Syria. Syria, which has not reported cholera since 2009, has suffered civil war since 2011, which has damaged two-thirds of the country's water treatment plants, half of its pumping stations, and a third of its water towers, says UNICEF. Almost half of the population relies on alternative sources of water, such as water trucks, which are often unsafe, while at least 70% of sewage is untreated.







Are we underestimating the annual risk of infection with *Mycobacterium tuberculosis* in high-burden settings?

David W Dowdy, Marcel A Behr

The annual risk of infection with *Mycobacterium tuberculosis* determines a population's exposure level and thus the fraction of incident tuberculosis resulting from recent infection (often considered as having occurred within the past 2 years). Contemporary annual risk of infection estimates centre around 1% in most high-burden countries. We present three arguments why these estimates—primarily derived from cross-sectional tuberculin surveys in young school children (aged 5–12 years)—might underrepresent the true annual risk of infection. First, young children are expected to have lower risk of infection than older adolescents and adults (ie, those aged 15 years and older). Second, exposure might not lead to a positive test result in some individuals. Third, cross-sectional surveys might overlook transient immune responses. Accounting for these biases, the true annual risk of infection among adults in high-burden settings is probably closer to 5–10%. Consequently, most tuberculosis in those settings should reflect infection within the past 2 years rather than remote infection occurring many years ago. Under this reframing, major reductions in tuberculosis incidence could be achievable by focusing on the minority of people who have been recently infected.