

ISSUE NO. 1 OCT-DEC 2024

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**Chelsea
Edghill**
*From Guyana to
the World Stage*

**Dengue
Fever**
**10 THINGS
TO KNOW**

**Ask the
Doctor**
*Q&A
Segment*

**Childhood
Fevers**

*Kids getting sick
often? Let's Talk
About It...*

**Breast
Cancer**
*Early
Detection
is Key!*



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592HEALTHDIGEST

MESSAGE FROM MINISTER OF HEALTH

-Hon. Dr. Frank C.S. Anthony MD, MPH, MP

Congratulations on the inaugural edition of 592 Health Digest, a publication dedicated to enhancing the understanding of health and wellness across Guyana and beyond. In today's world, where access to accurate health information is crucial, this Digest aims to bridge knowledge gaps, highlight important health issues, and provide practical guidance to empower readers on their journey to healthier, happier lives.



Each edition of 592 Health Digest will cover various topics, from preventative care and mental wellness to our country's most pressing public health challenges. In this first issue, they explore themes that resonate with everyone, including preventing chronic diseases, developing mental resilience, and celebrating local initiatives and inspiring stories. This initial edition sets the stage for what I hope will become a valuable and trusted resource for health professionals, wellness advocates and the general public.

The Digest recognises that our health challenges are unique and shaped by the diversity of our population and the richness of our

culture. Whether it is ensuring access to quality healthcare, understanding emerging diseases, or promoting healthier lifestyles, we face distinct hurdles from Georgetown to the Rupununi. The goal is to highlight these issues and cultivate a more potent health literacy and advocacy culture throughout our nation.

At the heart of 592 Health Digest is a passionate team of contributors and an editorial board. I am immensely grateful for the expertise, dedication, and hard work that each of you has invested in these pages. From groundbreaking research insights and expert analyses to inspiring tales of personal resilience, this edition would not be possible

without your unwavering commitment. I want to thank you and congratulate you on this pioneering effort.

To our readers, I hope you find inspiration, clarity, and actionable knowledge within these pages. On behalf of the Ministry of Health, thank you for embarking on this journey to promote a healthier, stronger, and more informed Guyana.

A handwritten signature in dark ink, appearing to read 'F. C. S. Anthony'.

Hon. Dr. Frank C.S Anthony MD,
MPH, MP
Minister of Health,
Co-operative Republic
of Guyana

MESSAGE FROM OUR EDITOR-IN-CHIEF

— Dr. Moti Ramgopal, MD, FACP, FIDSA

Dear Readers,

It is with immense pride and great joy that I welcome you to the inaugural issue of *592 Health Digest*. This publication marks the beginning of a journey dedicated to empowering the Guyanese community with accessible, high-quality health information. Our goal is to become a trusted source of evidence-based knowledge, real-world insights, and diverse perspectives that will help you make informed healthcare decisions and navigate the complexities of modern medicine.

The inspiration for *592 Health Digest* stems from my childhood experiences growing up in Guyana, where I saw the critical need for reliable health resources and felt the responsibility to give back to the community that shaped me. This desire has been the driving force throughout my career, from my early days as a medical student to my current role in clinical research and global health. I have always believed that quality healthcare should not be a privilege, but a fundamental right. This magazine is a testament to that belief and my ongoing commitment to addressing the health challenges faced by our nation.

592 Health Digest is not just about sharing medical knowledge; it is about fostering a culture of learning, prevention, and proactive health management. In each issue, you will find a range of topics covering the most pressing health issues in Guyana, including infectious diseases, chronic conditions, mental health, maternal and child health, and the latest advancements in medicine. We will also feature

stories of resilience and recovery from fellow Guyanese who have navigated their health journeys, as well as expert opinions from leading clinicians and researchers who are making a difference both locally and internationally.

This magazine would not have been possible without the invaluable support and guidance the Honourable Minister of Health, Dr. Frank Anthony and the editorial board. Their dedication to improving healthcare in Guyana has been instrumental in bringing this publication to life, and we are truly grateful for their continued commitment to the health and well-being of our people.

The magazine is a product of collaboration and passion—a labor of love from a team dedicated to making an impact. As Chairperson, I am grateful to work alongside individuals who share the same vision of a healthier Guyana, where everyone has the knowledge and tools needed to take control of their health. Our hope is that the information you find within these pages will resonate with you, inspire you to

seek out further knowledge and motivate you to share what you've learned with those around you.

Together, we can break down the barriers to healthcare education and build a stronger, more informed society. We are honored to have you join us at the start of this journey, and we look forward to evolving alongside our readers as we strive to meet your needs with every issue.

Thank you for your support, and we hope you enjoy this inaugural edition of *592 Health Digest*. Let's continue to learn, grow, and make positive strides in our health—together.

Sincerely,



Dr. Moti Ramgopal, MD, FACP,
FIDSA
Editor in Chief,
592 Health Digest
Medical Director, Midway
Specialty Care Center



MEET THE MEMBERS OF THE EDITORIAL BOARD



**DR. WINSOME
PETA-ANN SCOTT
MEMBER, MBBS,
MMED (PAEDIATRICS)**

Dr. Winsome Peta-Ann Scott is a Consultant Paediatrician and Neonatologist, currently leading Neonatal Services at Georgetown Public Hospital Corporation, Guyana. With a Bachelor of Medicine and Surgery from the University of Guyana and advanced training in Neonatal-Perinatal Medicine from McMaster University (Canada), Dr. Scott's career reflects her dedication to advancing neonatal and paediatric care in Guyana. Her research presentations at local, regional, and international conferences, along with her publications, highlight her commitment to improving patient care and medical knowledge.

Beyond her clinical work, Dr. Scott is actively involved in volunteer outreach and community service, furthering her impact on health and well-being. Currently pursuing a Master of Health Management, she brings her extensive expertise to the 592 Health Digest Editorial team.



**MS. ASHLEY V.
ANTHONY B.S, M.S.**

Ashley Anthony, an engineer, received her undergraduate degree in biomedical engineering and a master's degree in Personalized Medicine and Applied engineering at Yale University. She is employed at DEKA in their regenerative medicine department that focuses on building devices that automate cell processing to consistently manufacture cellular therapies.

Ashley also graduated with distinction in the History of Science, Medicine and Public Health from Yale University. Her thesis was shortlisted for several department wide prizes- LAAA Prize, the European Prize and the Elias E. Manuelidis Prize.

Ashley was a journalist and columnist at the Guyana times, writer with the Yale Daily News, editor and writer of the Boola, Yale University and Editor in Chief of the Caribbean Education Project. She is a published author of a children's book, her poems have been shortlisted in the Guyana Annual, and recently two of her poems were published in the Journal of Indentureship and its legacies.



**DR. KHALIL
NASSER, MD**

Dr. Khalil Nasser, a graduate of the University of South Florida Morsani College of Medicine (2019), began his academic career at Michigan State University, earning a Bachelor's in Biology and Psychology in 2009. He later contributed to pioneering anesthesiology and neurosurgery research at Harvard Medical School and the University of Miami, co-authoring multiple publications and participating in an FDA-approved spinal cord injury trial.

Since joining Midway Specialty Care Center in 2019, Dr. Nasser has served as Director of Medical Education and International Health. He excels in securing grants, developing clinical protocols, and creating CME-accredited infectious disease content. Known for his collaborative spirit, he frequently co-authors publications with his colleagues. Outside work, he enjoys family time and the outdoors.



**DR. MOTI RAMGOPAL
MD, FACP, FIDSA**

Dr. Moti Ramgopal is the Founder and Director of Midway Immunology and Research Center and Founder/Chairman of the not-for-profit Midway Specialty Care Center in Florida and Georgetown, Guyana. He is also a Consultant Physician, a Clinical Professor at Florida State University College of Medicine, and an HIV Consultant for the Ministry of Health in the Turks and Caicos Islands. With over 25 years of experience in infectious disease research, he has led more than 300 clinical trials and is dedicated to ending the HIV and Hepatitis C pandemics by 2030, particularly in underserved communities.

Originally from Guyana, Dr. Ramgopal is committed to bridging healthcare gaps in the Caribbean. He opened a clinic in Georgetown in 2019 and actively supports local health initiatives, including prostate cancer awareness through the Great Catch project. Recognized as a top Infectious Disease Doctor by U.S. News & World Report, he continues to advance healthcare access and education across the Caribbean.



**DR. MAHENDRA CARPEN
MBBS, DM, FACP, FESC,
FACC**

Dr. Mahendra Carpen, a Guyanese-born Interventional Cardiologist and Cardiac Electrophysiologist, leads Internal Medicine and Cardiology at Georgetown Public Hospital in Guyana. He consults for the Caribbean Heart Institute, manages Cardiology Services Inc. at St. Joseph Mercy Hospital, and co-directs the Guyana Partnership to Advance Cardiac Care. A University of Guyana graduate, Dr. Carpen pursued further training at UWI, the University of Toronto, and Tufts University, specializing in cardiology and electrophysiology. Since returning to Guyana in 2012, he has developed critical cardiac services, establishing the country's first Cardiac ICU and treatment protocols.

Dr. Carpen has performed thousands of invasive cardiac procedures, including several firsts for Guyana, such as AV node ablations and defibrillator implantations. His work extends across the Caribbean, providing advanced cardiac care in Trinidad, Jamaica, and the British Virgin Islands. A passionate educator, he frequently delivers CME lectures and mentors students, driven by his belief that healing is best achieved in a patient's own environment, surrounded by loved ones.



**DR GHANSHAM SINGH
MD, FACP**

After graduating from Queen's College, Guyana, he received a scholarship in 1983 to study medicine in Moscow. Following medical school, he returned to Guyana, completed his internship, and then migrated to the USA where he passed the USMLE exams and completed an Internal Medicine residency with board certification. He practiced as an Attending Physician at a Cornell University-affiliated hospital in Brooklyn, New York, where he also served as a Clinical Instructor for Cornell medical students and held a senior leadership role in the Brooklyn Hospital Center Internal Medicine Residency Program. After completing an Internal medicine residency, Board certification exam and many highly successful years of practice he was elected as a Fellow of the American College of Physicians in 2010.

He returned to Guyana and served as an Internal Medicine consultant at the GPHC for a few years. He currently maintains a solo private practice in Georgetown with admitting privileges at the Woodlands Hospital. He actively promotes medical education through CME lectures, public awareness initiatives on medical educational topics. He is honored to serve on the editorial board of the Guyana Health Digest

EARLY DETECTION:

THE KEY TO BEATING BREAST CANCER

By Dr. Alia Abdulla, Breast Surgeon

Breast cancer screenings are one of the most important health decisions a woman can make. Early detection of breast cancer through regular mammograms is essential for successful treatment and improved survival rates. Unfortunately, many women don't understand when they should start getting screened or how often they

should be doing it. Here you will find important information on why breast cancer screenings are so important, as well as some of the myths surrounding them that may be preventing some women from getting them done. By understanding more about breast cancer screenings and their importance to overall health, hopefully more women



will prioritize their own physical wellbeing by making sure they get regular screenings as recommended by their doctor. 1 in 8 (12.5%) women worldwide is at risk to developing breast cancer in their lifetime.

TYPES OF BREAST CANCER SCREENINGS

The two main types of breast cancer screenings are mammograms and clinical breast exams. A mammogram is a type of low-energy X-ray that can detect abnormalities in the breast tissue that can indicate cancer. During a mammogram, a thin plate is pressed against the breast to flatten it and reduce the amount of radiation exposure. The pictures that the mammogram makes can then be looked at to see if there are any changes in the breast tissue that could be signs of cancer.

MAMMOGRAMS

A mammogram is a crucial test that helps detect breast cancer early, which can save lives by finding any problems at the earliest stage possible. However, the idea of getting a mammogram can be scary, especially if it's your first time. Knowing what to expect can help calm your nerves and make sure you're ready. It's important to remember that the actual procedure is usually quick, and most people only feel a little discomfort. Talking to your doctor about any questions or worries before your appointment can give you the information and reassurance you need. Here are ten important things to know before getting a mammogram.

MAMMOGRAMS SAVE LIVES.

Mammograms play a crucial role in the early detection of breast cancer. They can identify abnormalities or changes in breast tissue that are often too small or subtle to be felt. This allows for earlier intervention, which significantly improves treatment options and the likelihood of a successful recovery. The National Cancer Institute estimates that mammography has helped reduce breast cancer mortality rates by 40% since 1990. It's vital to understand that postponing your mammogram can delay the detection of potential issues. Even if you are not experiencing symptoms or discomfort, regular mammograms should be part of your healthcare routine. Remember, early detection is the best defense against breast cancer.

MAMMOGRAMS ARE A MEDICAL IMAGING TECHNIQUE

This technique is used to detect breast cancer in its early stages. During a mammogram, an X-ray is taken of the breast tissue, and this X-ray is then analyzed for any unusual changes or abnormalities. Mammograms can identify signs of breast cancer that may not be visible to the naked eye, such as calcifications, which are tiny calcium deposits that can indicate the presence of cancerous cells. The X-ray itself does not hurt; however, some women may experience discomfort due to the pressure applied during the imaging process.

In addition to detecting signs of breast cancer, mammograms can also be used to evaluate changes in breast tissue over time and track any progress made after treatment. They are also helpful in monitoring women who have a higher risk of developing breast cancer because of their family

history or other risk factors. To ensure accuracy and maximum benefit from mammograms, it is important for women to receive regular screenings as recommended by their doctor based on their age and personal risk factors.

It is important for women to understand both the importance and limitations of mammography screening. While it is a very effective tool for detecting breast cancer in its early stages and improving outcomes when caught early enough, mammograms alone cannot diagnose breast cancer—only further testing can confirm if a tumor is benign or malignant. Additionally, false positives are possible with mammography screening, meaning that additional testing may be required even when there isn't necessarily anything wrong. Despite these limitations, regular mammograms remain an

essential component of keeping women healthy by identifying any potential issues as soon as possible so that they can take swift action if necessary.

Regular mammograms are the best way to detect breast cancer in its early stages, before it has had a chance to spread.

The American Cancer Society recommends that all women aged 45-54 get a mammogram every year, and those over 55 should get one every two years. Women with certain risk factors for developing breast cancer (such as family history or age) may need to start having screenings earlier or more often than recommended.

If you have any questions about when you should start getting mammograms, it is best to speak to a breast cancer specialist like myself, Dr Alia Abdulla.

CLINICAL BREAST EXAMS

Clinical breast exams are an important part of breast cancer screenings and should not be overlooked. During a clinical breast exam, a healthcare professional uses their hands to feel the breasts and surrounding areas for lumps or other changes that may indicate cancer. This type of screening is beneficial because it can detect lumps or abnormalities that mammograms cannot.

The American Cancer Society recommends that all women aged 40–44 receive clinical breast exams every 3 years, and women over 45 should have one every year. Clinical exams may also be recommended more often if there is a family history of breast cancer or other risk factors. It is important to understand, however, that these exams are not able to diagnose cancer; only additional tests such as biopsies can do so.

BREAST SELF-EXAMS

It is important for women to perform self-exams at home on a regular basis, checking for any changes in their breasts like lumps or other unusual symptoms. While it is still important to get screened regularly by a doctor, being aware of your own body and any changes it undergoes can go a long way towards catching any issues early on and increasing the chances of successful treatment if necessary. Women should contact their doctor if they notice anything unusual during self-exams so that they can get tested further if necessary.

ADDITIONAL TYPES OF SCREENINGS

In addition to these traditional methods, new technologies have been developed to aid in breast cancer screening. Digital mammography and 3D mammography are becoming increasingly popular due to its ability to detect abnormalities earlier than traditional film-based mammography. Ultrasound technology has also been used for many years as an alternative or supplement to traditional imaging technologies like x-rays and CT scans. This technology allows healthcare professionals to get a better visual image of the inside structures and tissues of the breasts without exposing them to harmful radiation.

WHEN TO START BREAST CANCER SCREENINGS

IT IS NEVER TOO LATE TO START GETTING REGULAR BREAST CANCER SCREENINGS.

If you are 40 or older, talk to your doctor about how often you should be getting mammograms. If you have a higher risk due to family history or other factors, they may recommend that you start earlier or get screened more often than recommended by the American Cancer Society. Additionally, talk to your doctor about whether 3D mammography or ultrasound should also be included in your screening plan.

Though advances in technology and treatments have made it easier for individuals at risk for developing breast cancer to get screened early, it is still important for all women, regardless of age or risk factors, to get regular screenings as recommended by their doctor. Doing so will increase your chances of

detecting any problems before they become more serious, making treatment much more likely to be successful if needed. Unfortunately, some women avoid getting regular mammograms because of myths surrounding them—such as the idea that they cause pain or discomfort. However, modern technology has made the process faster and more comfortable than ever before. Most women who have had a mammogram report that the process was quick and painless.

Make sure you perform regular self-examinations of your breasts at home on a regular basis so that you can detect any changes right away and contact your doctor if needed. Even though self-exams cannot diagnose breast cancer

on their own, being aware of any changes in your body can go a long way toward catching any problems early and making it much more likely that treatment will work if it is needed.

By understanding the importance of regular breast cancer screenings and taking steps to get them done as recommended by their doctor, women can increase their chances of uncovering breast cancer when it is still small and treatable, before it has had a chance to spread.

Taking control of our health is an essential part of leading healthy lives, so do not wait until it is too late; take action today so that you can give yourself the best chance possible for long-term health and wellbeing.



YOUR MENSTRUAL CYCLE CAN AFFECT MAMMOGRAM RESULTS

Scheduling your mammogram for the week following your menstrual period can help ensure the most accurate results. This is due to the natural fluctuations in hormonal levels and breast tissue density that occur

during different stages of the menstrual cycle. In the week following your period, hormonal levels are relatively low and breast tissue is less dense, improving the clarity of mammogram images and making it easier to detect

any abnormalities. It's also worth noting that having a mammogram during this time can minimize any potential discomfort, as breasts tend to be less tender after menstruation.

SCHEDULE YOUR APPOINTMENT EARLY IN THE DAY

Consider scheduling your mammogram appointment early in the day. Mammograms require that you don't wear deodorant, powder, lotion, or ointment around your chest area on the day of the exam. These substances can show

up on the X-ray images and may be confused for a problem in the breast tissue. By scheduling your appointment in the morning, you can avoid the discomfort of going through the rest of your day without these products.

If you accidentally apply any of these items, please inform the technologist before the exam so they can provide appropriate advice to ensure the most accurate results.

WEAR A TWO-PIECE OUTFIT ON THE DAY OF YOUR MAMMOGRAM

When preparing for your mammogram, it's advisable to wear a two-piece outfit. This will enable you to only remove your top for the procedure, keeping you comfortable and

maintaining your privacy. The healthcare provider will provide you with a gown to wear during the examination, ensuring that only the necessary areas are exposed for the mammogram.

This small but important tip can greatly enhance your comfort and ease any potential stress or anxiety associated with the procedure.

MAMMOGRAMS DON'T USUALLY TAKE A LONG TIME

The process of getting a mammogram is relatively quick and straightforward. It typically takes about 15–30 minutes from start to finish. During the procedure, each breast is compressed and imaged one at a time, with two images taken of each breast. While the compression may cause some discomfort, it's necessary to ensure clear, detailed images. The entire process is overseen by a skilled radiologic technologist, and the images are later

examined by a radiologist. It's important not to let fear of discomfort or time constraints prevent you from scheduling your regular mammograms. Regular screenings are vital to maintaining your breast health and catching any potential issues early. You will be positioned in front of the mammogram machine, and the technologist will adjust your breast on the machine's plate. They are there to ensure your comfort and safety and to answer any questions

or concerns you may have. Remember, their primary goal is to get the best images for your healthcare provider to review, putting you on a path to the earliest and most effective treatment, if needed. Let your technologist know if you're in discomfort at any point; they may be able to adjust the machine or your position to make you more comfortable. They are your allies in this process, working with you to ensure your breast health.

MOST UNUSUAL FINDINGS AREN'T CANCER

While mammograms are highly effective at detecting unusual changes or growths in breast tissue, it's important to understand that most of these findings are not cancer. A mammogram might detect benign (non-cancerous) abnormalities like benign breast lumps, cysts, or calcifications. These findings,

while important to monitor, do not mean you have cancer. In fact, according to the American Cancer Society, only 2 to 4 screening mammograms out of 1,000 lead to a diagnosis of breast cancer. This is why, even if an abnormality is found, it's crucial not to panic. Your healthcare provider will guide you through the

necessary follow-up steps, which may include additional mammography, an ultrasound, or a biopsy to examine the cells more closely. Remember, abnormal doesn't mean malignant, and early detection provides the best chance for successful treatment if it is cancer.

MAMMOGRAMS GIVE YOU PEACE OF MIND

The clarity and reassurance that a mammogram brings cannot be overstated. While the procedure may cause temporary discomfort, the peace of mind that comes from knowing you are being proactive about your health far outweighs this. It's the knowledge that you are taking control, taking steps

to detect any potential issues early, and giving yourself the best possible chance of successful treatment should any problems be found. Having a mammogram can be an empowering experience, as it enables you to make informed decisions about your health. The reassurance of a negative result, or, in the event

of a positive one, the ability to take swift action, makes the procedure invaluable. So, regardless of any concerns or fears, remember that a mammogram is a crucial tool in maintaining your health, and the peace of mind it brings is worth every moment.

KEY TAKEAWAYS

Getting a mammogram is an important step in maintaining your breast health and understanding what to expect before the procedure can help ease any anxiety.

It's important to remember that most unusual findings detected by a mammogram are not cancer, and that staying consistent with one imaging center allows for a more accurate comparison of results over time. Furthermore, mammograms are a relatively quick and straightforward process that is overseen by skilled professionals, with steps taken to ensure your comfort. Most of all, mammograms can provide peace of mind about your breast health and the knowledge that you are taking



control of it. So don't let fear stop you from making sure your breasts get checked regularly; mammograms save lives.



ABOUT THE GUYANA CANCER SOCIETY

The Guyana Cancer Society was established in March 2022 through the vision of our president, Mr. Sharir Chan, who recognized the need for a non-profit organization to support the Ministry of Health's mandate on cancer screening, diagnosis, and treatment.

At its 2024 Gala Dinner, the Guyana Cancer Society recommitted to its mandate

and announced its offering of 500 free mammograms. Additionally, they are advancing their prostate cancer awareness efforts, aiming to conduct 1,000 PSA tests. The continue to raise public awareness on cancer screening modalities, including mammograms, HPV testing, Pap smears, mobile PSA testing, and CT colonography, underlining the essential role of organizations like the Guyana Cancer Society.

For further information, contact the cancer society at 5241959, follow them on FB and Instagram: <https://www.facebook.com/profile.php?id=100076968091087>



592HEALTHDIGEST

GIVING HOPE FOUNDATION

Dr. Latoya Gooding, a dedicated physician in the Oncology Department at Georgetown Public Hospital Corporation, has been tirelessly managing breast cancer cases and advocating for early screening and support for both women and men affected

by this disease. Recognizing the critical need for timely detection, she founded the Giving Hope Foundation, a not-for-profit organization focused on reducing late-stage cancer diagnoses by promoting regular screening for breast, cervical, and prostate

cancers. The foundation also addresses the psychological needs of cancer patients and survivors, offering counseling services and a Survivorship Program to support them on their journey to recovery and resilience.



Dr. Latoya's message to women

"Regular Breast Cancer screening allows women to take control of their health, it can detect the disease at an early stage when treatment is more effective, and survival rates are highest. Early Detection, Saves Lives!"



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THE IMPORTANCE OF HUMAN PAPILLOMAVIRUS (HPV) VACCINATION:

Protecting Future Generations

By Dr. Hector Bolivar, MD, Chief Scientific Officer, Midway Specialty Care Inc.

Human Papillomavirus (HPV) is the most common sexually transmitted infection in the world. However, there is a lack of public awareness about this virus and its potential health consequences. There is a HPV vaccine available since 2004, that

has been gradually introduced and accepted in many countries. This vaccine is safe, highly effective and prevents HPV infection is almost 100% of the recipients. Despite this significant milestone in the fight against HPV-related diseases, yet vaccine

uptake is still lower than desired in many regions. This article will explore the importance of HPV vaccination, its role in preventing cancer, and the need for increased public health initiatives to promote its widespread adoption.

Understanding HPV and Its Health Impacts

HPV is a group of more than 200 related viruses, some of which are associated with various types of cancer. These include cervical, anal, oropharyngeal, and genital cancers. Cervical cancer is the most well-known and is primarily caused by HPV types 16 and 18, which are responsible for approximately 70% of cases

globally. Additionally, other high-risk HPV types contribute to cancers of the vulva, vagina, penis, anus, and throat.

HPV is mainly transmitted through intimate skin-to-skin contact, including sexual intercourse, making it highly contagious. Most sexually active

individuals will contract at least one type of HPV at some point in their lives. Most of the primary infections are asymptomatic and resolve on their own. Persistent infection with high-risk HPV types can lead to the development of precancerous lesions and, ultimately, cancer.

The HPV Vaccine: A Powerful Tool for Prevention

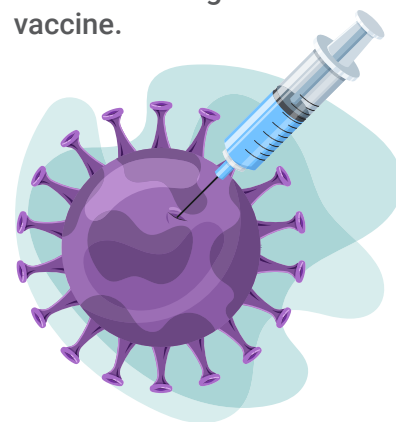
The HPV vaccine is a groundbreaking public health tool designed to prevent infections caused by the most common and high-risk HPV types. The current approved vaccine

by the U.S. Food and Drug Administration (FDA) is Gardasil 9, which protects against nine HPV types. This includes those most associated with cancer and genital warts.

The vaccine is administered in two or three doses, depending on the recipient's age, with the optimal age for vaccination being 11 to 12 years.

Benefits of HPV Vaccination

- 1. Prevention of Cervical Cancer:** The most significant benefit of HPV vaccination is its ability to prevent cervical cancer. By targeting the HPV strains that are most associated with cervical cancer, the vaccine can reduce the incidence of this deadly disease. Studies have shown that countries with high vaccination coverage have seen a significant decline in HPV infections and related conditions, including precancerous cervical lesions.
- 2. Reduction of Other HPV-Related Cancers:** In addition to cervical cancer, HPV vaccination also protects against other cancers caused by HPV, including cancers of the anus, penis, and throat. These cancers are less common than cervical cancer but can be equally devastating.
- 3. Prevention of Genital Warts:** The HPV vaccine also protects against the strains of HPV that cause genital warts, which are a common and uncomfortable condition. Reducing the prevalence of genital warts not only improves individual quality of life but also decreases the overall burden on healthcare systems.
- 4. Herd Immunity:** Widespread HPV vaccination can contribute to herd immunity, where the spread of the virus is reduced within a population. This helps protect those who are not vaccinated, such as individuals with compromised immune systems or those who are not eligible for the vaccine.



Addressing Vaccine Hesitancy and Access Barriers

Despite the proven efficacy of the HPV vaccine, there are several challenges to achieving widespread vaccination coverage. Vaccine hesitancy, fueled by misinformation, concerns about vaccine safety, and cultural or religious beliefs, remains a significant barrier. Some parents are reluctant to vaccinate their children against a sexually transmitted infection at a young age, even though the vaccine is most effective when administered before exposure to HPV.

Public health campaigns must address these concerns by providing accurate information about the vaccine's safety and benefits. Extensive research and monitoring have confirmed that the HPV vaccine is safe. The most common side effects are mild, such as pain at the injection site or a low-grade fever. Serious side effects are infrequent, and the benefits of vaccination far outweigh the risks.

Access to the HPV vaccine is another critical issue, particularly in low—and middle-income countries where the burden of HPV-related cancers is highest. Cost, healthcare infrastructure, and vaccine availability pose significant challenges in these regions. Global health initiatives, such as those led by the World Health Organization (WHO) and the GAVI Alliance, aim to increase access to the HPV vaccine through funding, education, and distribution programs.

The Road Ahead: Increasing Vaccination Rates

Increased coverage rates across all populations are essential to maximize the impact of HPV vaccination. Schools play a pivotal role in this effort, as school-based vaccination programs are highly effective in reaching adolescents. Healthcare providers are also responsible for educating patients and parents about the importance of the vaccine and recommending it during routine visits.

Conclusion

HPV vaccination is a critical tool in the fight against cancer and other HPV-related diseases. By preventing infection with the most dangerous strains of HPV, the vaccine can save lives and reduce the burden

of disease on individuals and healthcare systems. Increasing awareness about the importance of HPV vaccination, addressing misconceptions, and improving access to healthcare are essential steps in ensuring that more

people can benefit from this preventive measure. Widespread adoption of HPV vaccination can protect future generations from the devastating effects of HPV-related diseases and contribute to a healthier, cancer-free world.



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MPOX. MAKING A FUSS OR LEGIT CONCERN?

By. Dr. Anand Persaud MD
MSc (Epidemiology)

What is Mpox?

Mpox, formerly known as Monkeypox, was previously considered to be a rare but serious communicable and zoonotic disease that is caused by the monkeypox virus (MPXV), and a member of the orthopoxvirus genus and close relative of the variola virus which is responsible for smallpox. The name monkeypox, which has been changed to mpox, got its origin from the discovery of the virus in 1958, during an outbreak among monkeys in a Danish Laboratory.

To clarify, communicable, or infectious diseases, are caused by microorganisms such as bacteria, viruses, parasites and fungi that can be spread, directly or indirectly, from one person to

another. Some are transmitted through bites from insects while others are caused by ingesting contaminated food or water.

Whilst a zoonotic disease is an infectious disease that has jumped from a non-human animal to humans. Zoonotic pathogens may be bacterial, viral or parasitic, or may involve unconventional agents and can spread to humans through direct contact or through food, water or the environment.

What's the history?

Human Monkeypox was first identified in humans in 1970 in the Democratic Republic of the Congo in a 9-month-old boy in a region where smallpox had been eliminated in 1968. Since then, most cases have been reported from rural, rainforest regions of the Congo Basin, particularly in the Democratic Republic of the Congo and human cases have increasingly been reported from across central and west Africa.

Since 1970, there have been several outbreaks of clusters of cases on the African Continent and beyond including in 1970 – 2018 in the DRC, 2003 in the USA, 2018 – 2021 in the UK, Israel and Singapore, and in 2022 in the UK, USA, Canada, France, Germany, Belgium, Spain, Portugal, Italy, Sweden and Australia.

What's happening with the current outbreak?

Unfortunately, the worry is legit when it comes to this not so fresh infectious disease which is making a serious and explosive comeback in endemic or typical locations and alarmingly also expanding its debut in non-endemic or new countries and regions, including for the first time in Guyana, the confirmation of two cases of Mpox in 2022 during that outbreak.

Now in 2024, although cases were being reported in “endemic” African countries, the latest and significant upsurge in cases within the African continent and beyond resulted in the declaration of a Public Health Emergency of International Concern (PHEIC), from the World Health Organization (WHO) on August 14, 2024, the world's premier authority on all health-related matters.

A PHEIC declaration is a serious matter reserved for the most worrying infectious disease outbreaks, it is the highest level of declaration from the WHO, which alerts the world to take substantial steps to protect their populations by scaling up public health resources to prevent, detect, diagnose, manage and curtail the transmission of this disease. The most recent and memorable event that warranted a PHEIC declaration was the COVID-19 pandemic.

How is mpox transmitted?

The Mpox virus can be transmitted by direct and/or indirect contact with infected persons, animals, and/or contaminated fomites (contaminated objects). Transmission includes vertical transmission from a pregnant mother to her unborn foetus, percutaneous inoculation (penetration of skin caused by syringes, needles, abrasions, etc.) and respiratory secretions. Once infected with the virus, it takes about 1 to 3 weeks for the signs and symptoms of the disease to appear.

What are the signs and symptoms?

Mpox has traditionally caused a general illness that includes fevers, chills, sore throat and muscle aches, with a characteristic rash that is important to differentiate from

that of other diseases that cause a rash (e.g., varicella, smallpox). More recently, during the 2022 to 2023 multi-country outbreak, some patients presented with genital, anal, and/or oral lesions without the general illness.

Systemic symptoms are common and may occur before the rash appears or shortly after.

What's the skin rash like?

The skin rash may occur a few days before or a few days after the general signs and symptoms like fevers, chills, sore throat and muscle aches. The skin rash is typically a series of boils, sores and bumps that appear on the skin.

The mpox rash often begins on the face and spreads over the body, extending to the palms of the hands and soles of the feet. It can also start on other parts of the body where contact was made, such as the genitals. It starts as a flat sore, which develops into a blister filled with liquid that may be itchy or painful. As the rash heals, the lesions dry up, crust over and fall off.

Some people may have one or a few skin lesions and others have hundreds or more. These can appear anywhere on the body including palms of hands and soles of feet, face, mouth and throat, groin and genital areas, or the anus.

Some people also have painful swelling of their rectum (proctitis) or pain and difficulty when peeing (dysuria) or when swallowing.

People with mpox can pass the disease on to others until all sores have healed and a new layer of skin has formed. Some people can be infected without developing any symptoms. Although getting mpox from someone who is asymptomatic (not showing symptoms) has been reported, information is still limited on how common it is.

Children, pregnant people and people with weak immune systems, including people living with HIV that is not well controlled, are at higher risk for serious illness and death due to complications from mpox.

Some people with mpox become very sick. For example, the skin can become infected with bacteria, leading to abscesses or serious skin damage. Other complications include pneumonia; corneal infection with loss of vision; pain or difficulty swallowing; vomiting and diarrhoea causing dehydration or malnutrition; and infections of the blood (sepsis), brain (encephalitis), heart (myocarditis), rectum (proctitis), genital organs (balanitis) or urinary passages (urethritis). Mpox can be fatal in some cases.

How is it diagnosed?

It may be a bit difficult for a qualified healthcare professional to identify and diagnose Mpox by simple observation or via a physical examination, because other infections and conditions can look similar. Whilst the general signs and symptoms can present in almost all the different types of infectious diseases, the skin rash can look like other diseases that also cause a skin rash, such as, chickenpox, measles, bacterial skin infections, scabies, herpes, syphilis, other sexually transmitted infections, and medication-associated allergies.

The preferred laboratory test for mpox is detection of viral DNA by polymerase chain reaction (PCR). The best diagnostic specimens are taken directly from the rash – skin, fluid or crusts – collected by vigorous swabbing. In the absence of skin lesions, testing can be done using swabs of the throat or anus. Testing blood is not recommended. Antibody detection methods may not be useful as they do not

distinguish between different orthopoxviruses.

In Guyana, healthcare professionals will take a specimen by swabbing the skin rash lesions, then sending the samples to the National Public Health Reference Laboratory (NPHRL), where PCR analysis is conducted, and results are reported between 12 to 24 hours.

Is there a need to be isolated?

Yes, due to the infectious nature of Mpox, suspected, probable and/or confirmed cases should be isolated or separated from others, immediately at home, in a controlled room or area with limited access to family members, healthcare personnel or the public. If lesions are present, the individual should be isolated until the lesions scab over, which takes about 2 to 4 weeks.

How is Mpox treated?

First and foremost, there isn't a specific treatment or existing cure for Mpox, as it is super difficult to develop a cure for infectious diseases caused by virus. Therefore, the objective of treating a person with mpox is to take care of the rash, manage pain and prevent complications.

Treatment is principally symptomatic. Most immunocompetent patients with mpox have mild disease and will recover without medical intervention. However, some patients may require pain relief medication (e.g., for pain related to proctitis or tonsillitis). In addition, for conditions like proctitis, stool softeners, topical lidocaine, and/or sitz baths many need to be used. The use of antiviral therapy is controlled and restricted for select cases following specialist consultation. Secondary bacterial infections can occur in patients with mpox. Should a bacterial infection be suspected, the patient should

receive appropriate antibiotic coverage; regimens should generally include agents that are used to treat soft tissue infections (e.g., those that cover both staphylococcal and streptococcal species).

Is there a Mpox vaccine?

Yes, there are vaccines available for use in humans which are approved by the WHO. Getting an mpox vaccine can help prevent infection (pre-exposure prophylaxis). It is recommended for people at high-risk of getting mpox, especially during an outbreak, such as health and care workers at risk of exposure; people in the same household or close community as someone who has mpox, including children; people who have multiple sex partners, including men who have sex with men; and sex workers of any gender and their clients. The vaccine can also be administered after a person has been in contact with someone

who has mpox (post-exposure prophylaxis). In these cases, the vaccine should be given less than 4 days after contact with someone who has mpox. The vaccine can be given for up to 14 days if the person has not developed symptoms.

How to prevent Mpox?

Luckily, as with most infectious diseases there are a few simple things that can be done to prevent infection with Mpox. These include:

- **Vaccination:** High-risk groups and close contacts of positive cases should consult the Ministry of Health about vaccination.
- **Stay Informed:** Keep up with credible reports on Mpox in regions you might visit for work or vacation.
- **Avoid Contact:** Refrain from sexual or close skin-to-skin contact with people who have

a rash resembling Mpox, especially in high-risk areas.

- **Do not Share Items:** Avoid touching or sharing objects and materials used by someone with Mpox.
- **Hand Hygiene:** Wash your hands frequently with soap and water, or use an alcohol-based hand sanitizer, especially before eating, touching your face, and after using the bathroom.
- **Handwashing:** It's one of the best ways to protect yourself and others from getting sick.

In a nutshell: Mpox is a real deal concern. Lately, it's clear that old and new diseases are making a comeback, thanks to booming populations, climate change, exploring new areas for mining, logging, farming, migration, and more global travel.

Stay woke with legit info, spread the knowledge, and keep it safe out there!



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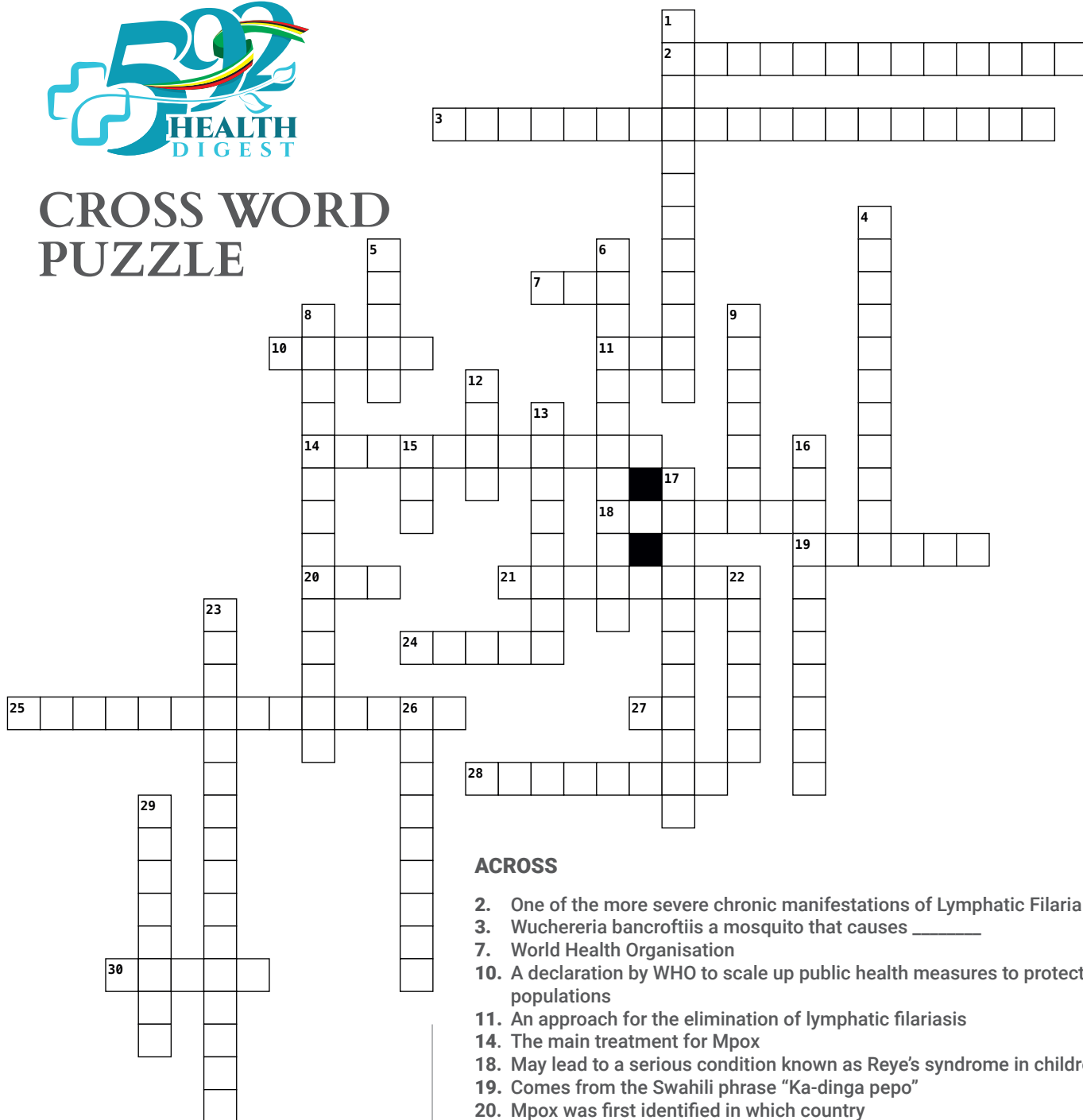
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CROSS WORD PUZZLE



DOWN

1. Children Doctor
4. Taking lots of fluids can help to prevent _____ in children with fever
5. Olympic 2024 was held in which city
6. Type of disease that can be spread, directly or indirectly, from one person to another
8. Guyana Table Tennis Olympian
9. Breast Cancer Awareness Month
12. Is a zoonotic disease
13. Glands The Dengue virus replicates in the mosquito midgut before disseminating to secondary tissues such as

ACROSS

2. One of the more severe chronic manifestations of Lymphatic Filaria is?
3. Wuchereria bancrofti is a mosquito that causes _____
7. World Health Organisation
10. A declaration by WHO to scale up public health measures to protect populations
11. An approach for the elimination of lymphatic filariasis
14. The main treatment for Mpox
18. May lead to a serious condition known as Reye's syndrome in children.
19. Comes from the Swahili phrase "Ka-dinga pepo"
20. Mpox was first identified in which country
21. Covid-19 Medication
24. Age to start mammogram screening
25. Virus HPV stands for
27. Artificial Intelligence
28. Separated from others when someone is sick
30. This approach encourages patients to Clean, Apply medication, Raise the limb, Exercise, and wear comfortable shoes.
15. Lab test polymerase chain reaction
16. Best way to protect yourself and others from getting sick
17. Can prevent Cervical Cancer
22. Transmitted through the bite of the Aedes mosquito
23. Moving adult worms in lymphatic vessels
26. A screening test that can detect breast cancer
29. A common symptom of Mpox

“JOIN THE FIGHT FOR LYMPHATIC FILARIASIS ELIMINATION: A COMMUNITY CALL TO ACTION”

By: Reza Niles-Robin, APharm., MD., MPH



Introduction

Imagine a world where a mosquito bite could lead to debilitating health challenges. This is the reality of Lymphatic filariasis (LF), caused by thread-like parasitic worms such as *Wuchereria bancrofti*, *Brugia malayi* and *Brugia timori*. These worms damage the human lymphatic system, leading to severe conditions like lymphoedema, hydrocele and elephantiasis. In the Americas, *W. bancrofti* (Wb) is responsible for ninety percent of all cases of filariasis.

The disease is transmitted by various of mosquito vectors from the genera *Anopheles*, *Aedes*, *Culex*, *Mansonia* and *Ochlerotatus*. Its prevalence is particularly high in warm climates that support mosquito populations for extended intervals. For those affected, advanced stages can lead to profound stigma and social exclusion due to physical disfigurement.

In response to this public health challenge, the World Health

Organization instituted the Global Programme to Eliminate Lymphatic Filariasis (GPELF) in the early 2000's. This initiative aims to eliminate LF through targeted interventions designed to reduce its prevalence to a level where transmission is no longer sustainable. Two principal strategies include annual mass drug administration (MDA) for at-risk populations and comprehensive management of morbidity to prevent disability through the provision of the WHO recommended minimum package of care. The minimum package of care includes treating acute attacks, managing lymphedema, managing hydrocele and administering anti-filarial medicines.

In the Americas, approximately seventy percent (70%) of the population is considered at risk, with an estimated twelve million people at risk in three countries, including Guyana. Guyana being one of three countries with particularly high risk.

In Guyana, *W. bancrofti* is primarily transmitted by *Culex* mosquitoes, particularly *Culex quinquefasciatus*, which thrive in urban environments where human activity plays a significant role in their breeding. The transmission of *W. bancrofti* is relatively inefficient, necessitating numerous infectious bites to develop a detectable infection. Efforts to eliminate LF in Guyana have shown promising results, with significant reductions in disease prevalence across six (6) of the eight (8) endemic regions. To maintain the gains the Ministry of health recently concluded the first of two rounds of MDA using the triple drug therapy Ivermectin, Diethylcarbamazine and Albendazole in regions three (3) and four (4) this year and the second round is to be implemented in 2025.

LF transmission and symptoms

When an infected mosquito takes a blood meal, it deposits a third-stage larva onto the skin of a human host. These larvae then penetrate the skin and migrate

to the lymphatic system, where they mature into adult worms over a period of six to twelve months. Once matured, the adult worms produce thousands of first

stage sheathed larvae, known as microfilariae, for up to eight years.

LF transmission and symptoms (cont'd)

When a female mosquito consumes a blood meal containing microfilariae, these larvae are ingested into its stomach. Within about twelve days, some of these microfilariae develop into infective third-stage larvae, which then migrate to the mosquito's proboscis. The cycle continues when the mosquito feeds on another human host.

The risk of Lymphatic Filariasis infection correlates with the frequency and duration of exposure to infective mosquito bites, specifically the accumulation of adult worm antigens in the lymphatics. The presence of mature worms triggers an inflammatory response and can cause mechanical damage to the

lymphatic tissues. Additionally, these worms exist in a symbiotic relationship with *Wolbachia* endobacteria, which are crucial for the growth and development of the filarial parasites and contribute to the inflammatory disease processes associated with infection.

The Spectrum of Symptoms

The impact of LF varies among individuals, affecting about one-third of those infected. People living in endemic regions can be categorized into five groups.

- 1. Uninfected but Exposed:** Residents of at-risk areas who have not contracted the disease.
- 2. Asymptomatic Infected:** Individuals who carry the infection without symptoms but can transmit it
- 3. Acute Filariasis:** People in this category experience sudden symptoms, such as fever and inflammation of the lymph nodes. Commonly affected areas include the groin and

armpits, and men may face complications in their genital region. These acute episodes can cause significant discomfort and are often linked to immune responses to the dead or dying worms.

- 4. Chronic Infection:** Years after initial infection, individuals may develop chronic symptoms, such as swelling in the limbs, genitals, or breasts (lymphedema), and severe skin changes known as elephantiasis. These conditions arise from damage caused by adult worms, leading to blockages and infections.

- 5. Tropical Pulmonary Eosinophilia (TPE):** A syndrome marked by coughing, wheezing, weight loss, and fever, often occurring at night due to the behavior of the microfilariae.

- 6. Other Health Issues:** LF can also be linked to kidney problems and joint pain (monoarthritic).

Understanding these manifestations is crucial for addressing the health challenges posed by LF.

LF Treatment and Management

Effective management for LF both encompasses both preventative and pharmacological strategies. Patients are encouraged to maintain hygiene and care of the affected areas to prevent complications and reduce the severity of symptoms. The **CARES** method emphasizes **C**leaning the affected limb, **A**pplying topical treatments, **R**aising the limb to reduce fluid buildup, **E**xercising and wearing well-fitting **S**hoes.

Treatment includes anti-filarial medications administered through mass drug campaigns or clinically to target adult worms and microfilariae. Diethylcarbamazine (DEC) is the primary drug used, effective in killing adult worms noting that same is contraindicated in patients with onchocerciasis and in pregnant women. Ivermectin and albendazole help maintain lower microfilaria levels.

Doxycycline is effective against adult worms and improves lymphatic health when given over 4 to 8 weeks. For acute episodes, treatments typically include rest, limb elevation, and analgesics, with antibiotics prescribed for severe bacterial infections.



CLEAN

Wash the affected region twice daily

Use soap and clean room temperature water

Pay attention to entry wounds, blisters & scratches



APPLY TREATMENT

Antibiotic cream to entry wound if any

Antifungal cream between toes and folds to prevent fungal infections

Moisturizer to limb massaging from toes to torso to prevent breakage



RAISE

Elevate affected body part to avoid accumulation of fluid

When sitting or lying affected limb should be raised to hip level

Place pillow under the affected breast or scrotum at nights



EXERCISE

Affected area everyday

Use circular and up and down motions

Tip Toe, ankle rotation (sitting or lying move the ankle in a circle motion one foot at a time)

Knee Flex

DO NOT exercise if you have an acute attack



SHOES

Wear appropriate footwear

Should be comfortable, not tight

Should allow air to circulate around the foot and should have a very low heel

Sandals are preferable

C.A.R.E.S

Lymphatic Filariasis- Morbidity Management and Disability Prevention

Information provided by
Ministry of Health Vector Control Services
Neglected Infectious Diseases

Ministry of Health's commitment to LF Elimination

The political will and commitment demonstrated by the Ministry of Health have positioned Guyana within the elimination continuum for Lymphatic Filariasis (LF), signifying that with consistent coordinated efforts by 2030 Guyana will eliminate this infectious disease from their shores. Following a remapping

survey conducted in 2019, eight out of ten administrative regions were identified as endemic for LF. With support from the Pan American Health Organization and partners like USAID, the Ministry of Health successfully reduced the prevalence of LF in six of these regions-Regions 1, 2, 5, 6, 7, and 10. Regions 3 and 4

are the only areas still requiring mass drug administration (MDA), which is scheduled for two additional annual rounds in 2024 and 2025. MoH has also trained several clinicians, nurses and laboratory staff to adequately identify, treat and manage this preventable disease.

Your Role in the Fight Against LF

Communities in Guyana play a vital role in combatting (LF). Everyone aged two years, not pregnant nor seriously ill are encouraged to participate in MDA campaigns and take the Filaria

pill alongside their families and friends. Residents should also their local health center for guidance on diagnostic and treatment options.

Additionally, communities can help by reducing mosquito breeding sites, such as eliminating standing water and improving sanitation.

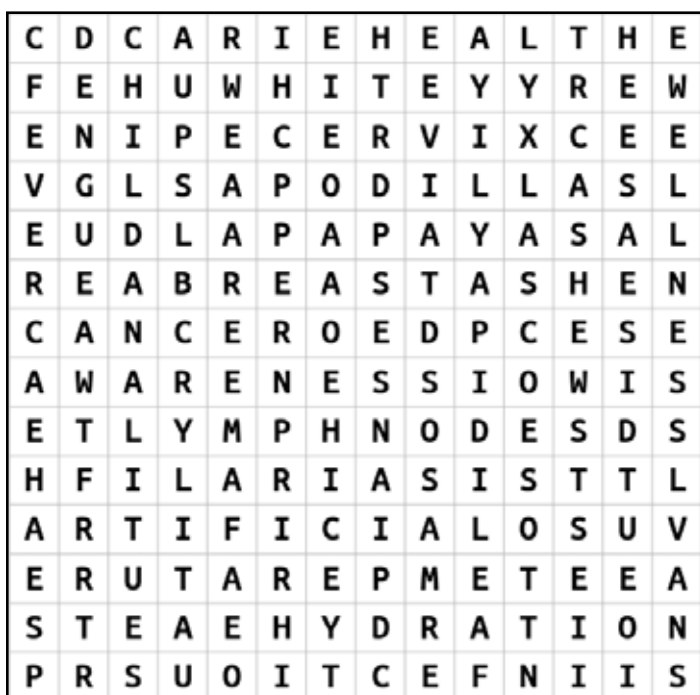
Your Role in the Fight Against LF (cont'd)

Most importantly, citizens are encouraged to support those suffering from the chronic effects of LF. This includes seeking to understand how the disease is transmitted, recognizing its signs and symptoms, promoting the CARES approach, and offering kind words of support to combat the stigma and discrimination often associated with this illness. These efforts will ultimately

contribute to improving public health and well-being in the community.

The Ministry of Health is dedicated to improving awareness of LF, increasing access to care and fostering open discussions to combat stigma and discrimination.

In conclusion, community engagement and education are crucial for the successful elimination of Lymphatic Filariasis in Guyana. By raising awareness, reducing stigma, and encouraging participation in health initiatives, we can work together to combat this disease, ultimately improving public health and the quality of life for all affected individuals.



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Dear Doctor,

I am a 52-year-old man who has been healthy all my life. I'm writing to seek your advice regarding a health concern I've been experiencing lately. Over the past few weeks, I've had occasional chest pains that come and go. Sometimes it feels like a tightness or pressure in my chest, and other times it feels like a sharp pain. It usually lasts for a few minutes and then goes away, but I'm starting to get worried. I've been trying to figure out if this could be related to stress, indigestion, or something more serious.

Could you please tell me what might be causing this? Should I be concerned? Is there anything that I should be doing or not doing.

Thank you for your help.

Concerned Person

Dear Concerned Person,

Based on the description of the chest pains you have been experiencing, there is cause for concern. While chest pains may be due to indigestion and stress, there are a number of serious potentially life-threatening causes of this symptom, including coronary artery disease, which can eventually lead to a heart attack. I would suggest that you see a medical doctor in person immediately for further evaluation, as you will need a few tests done and medications prescribed based on the findings.

Dear Doctor,

I am writing to ask for your advice regarding a health issue I've been experiencing in the last six weeks or so. I noticed that I'm passing urine more frequently than usual, even during the night. There is no pain or burning but it's becoming inconvenient, and I'm starting to wonder if it's a sign of a health problem. I tried reducing the amount of water that I am drinking as I thought that maybe I was drinking too much. This did not help and so I am not sure if this a problem that I should be worried about. I am 63 years old male and have high blood pressure. I attend the health center in my community and according to my doctors, my blood pressure is OK. I had a chat with a friend who said that I should do a prostate test. This is not a test that I have done before and would be happy if you can tell me more about it. Thank you.

Concerned Person

Dear Concerned Person,

Frequent urination, especially at nights may indeed be an indication of a health problem such as Diabetes or increased size of the prostate. I would advise to get at least 2 blood tests done. These include an HbA1C to check for the controlled of your sugar for the past three months; and a PSA test. PSA – means prostate specific antigen and as it increases, this may indicate an increasing chance of you having a problem with the prostate

gland or even prostate cancer. I would also recommend an ultrasound of the abdomen done, as this would shed additional details about the prostate. All of results of these tests should be discussed with a medical doctor in person.

Dear Doctor,

I am 31 years old female with a young family with two children (6 years and 4 years old). Both of my parents have sugar and pressure and are seeing doctors for it. I want to be healthy and to take care of my family and children. I also help to look after my parents. I see how difficult it is for them, and I do not want to get sick. Please advise on how I should look after myself. Thank you for your advice.

Concerned patient

Dear Concerned patient,

Thank you for seeking advise on how to look after yourself, given your strong family history of Diabetes and Hypertension. I would advise a few lifestyle changes. Please see and apply those relevant to you.

1. Make changes in your diet: Reduce carbohydrates and sugars (Rice, Bread, Pasta), Reduce salt (Table salt, Cubes, Soy sauce), Reduce fried and oily foods, Reduce use of red meat, Increase vegetables.
2. Exercise at least for half an hour 3 to 5 times a week.

Brisk walking and jogging are to be included.

3. Lose weight. This usually occurs as a result of the above 2 measures.
4. Alcohol use – Stop
5. Smoking – stop.

Dear Doctor,

I am a 41 year old female who has always struggled with a weight problem. The older I get the more difficult it has become to control my weight. I am a housewife and takes care of my husband and three children. I am always on my feet taking care of the house- cooking and cleaning and I even do some gardening. So, I get my exercise, and I also try with dieting- I don't eat very much. I try so hard, but I am frustrated that nothing seems

to work. I learned that there is a new drug that helps with weight loss. Should I use this drug?

Frustrated lady.

Dear Frustrated lady,

Weight loss is indeed usually a result of a combination of dietary changes and exercise. However it can be a challenge for a variety of reasons. There are new drugs

such as semaglutide that have been approved for weight loss. This may be an option, but in order to ensure that the drug is right for you, you would need to be evaluated by a medical doctor to exclude underlying conditions and also to discuss the risks and benefits of the drug.



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UNLOCKING THE MYSTERIES OF CHILDHOOD FEVERS

A Guide for Parents

By Dr. Sara Singh, MBBS

Paediatrician, Georgetown Public Hospital Corporation

Assistant Professor of Paediatrics, University of Guyana

As a parent, seeing your child with a fever can be a worrying experience. It can truly be a cause for concern and worry to witness your little one feeling warm, to the touch, and not quite themselves during times of illness or discomfort. However, the reality is that fever is often an indication that the body is actively working to combat an underlying sickness or infection that may be present. Although it might seem distressing for your child to endure, it is important to understand that a fever is a normal aspect of the body's system response. This guide will walk you through what a fever is, when to be concerned, and how to help your child feel better.

What is a fever?

When your child's temperature goes up temporarily due to an infection or illness is when a fever occurs. It is crucial to note that a fever is a sign of something going wrong in the body and not an ailment in itself; it is the body's natural defense mechanism, against germs that are causing the infection.

Here's how fevers are measured in children:

- **Rectally** (in the bottom): 100.4°F (38°C) or higher
- **Orally** (in the mouth): 99.5°F (37.5°C) or higher

- **Under the arm:** 99°F (37.2°C) or higher

The body's temperature is controlled by a part of the brain called the hypothalamus, which acts like a thermostat. When your child's body detects an invader like bacteria or a virus, the hypothalamus raises the temperature to help fight it off. In other words, a fever is one of the ways your child's body defends itself and works to get better.

Common Causes of Fever in Children

Your child may experience a fever for several reasons. Some may be minor while others could require medical care and closer attention. Here are some of the most common reasons:

- **Infections:** Both viruses and bacteria can lead to fever. Common viral infections include colds, the flu, and chickenpox. Bacterial infections like strep throat or ear infections can also trigger fever.
- **Teething:** Sometimes, when babies are teething, they can run a mild fever, though it is usually nothing to worry about.
- **After Vaccinations:** It is normal for a child to have a low-grade fever after vaccinations. This is simply a

sign that their immune system is responding to the vaccine.

- **Overheating:** Especially in infants, overheating from too much clothing or a hot environment can raise body temperature.
- **Inflammatory Conditions:** Although rare, fevers can sometimes be linked to more serious conditions like autoimmune diseases or inflammatory conditions such as Kawasaki disease.

What Else Happens When Your Child Has a Fever?

When a fever strikes, settle in, for a staycation as it often brings along some unwelcomed guests in the form of additional symptoms. These include:

- **Irritability:** They may seem fussier or more upset than usual.
- **Fatigue:** Children with a fever often sleep more and may not have their usual energy.
- **Decreased Appetite:** It is common for children to eat less when they are feeling unwell.
- **Sweating and Chills:** Fever often causes kids to sweat or shiver as their body tries to balance out its temperature.
- **Body Aches:** Older kids might complain of headaches or body pains.

What Else Happens When Your Child Has a Fever? (cont'd)

- **Dehydration:** Fever can lead to fluid loss, so keeping your child hydrated is important.

When should you start to be concerned about having a fever?

Fever is usually not a concern; however, it is important to know when to reach out to your doctor. Here are some guidelines:

- For newborns and babies that are less than one year old, it is important to have any fever examined by a doctor as even a mild fever could indicate a serious issue, at such a young age.
- Febrile seizures or “fits” can be triggered in some kids by fever. This should be discussed with your paediatrician, although they are usually short and not dangerous.
- If your child is not peeing often enough, has dry lips or appears excessively tired or sleepy they may be dehydrated and you should seek medical help promptly.
- If your child has a fever along with a rash or other symptoms, like vomiting or problems breathing, it is really important to seek medical attention immediately.

Ways to Soothe Your Child When They Have a Fever

While a fever typically goes away on its own, there are a few ways to make your child feel more comfortable:

- **Comfort:** Remember to keep your child comfortable by dressing them in light clothing and ensuring the room is at a comfortable temperature for

your child. It is best to avoid piling on heavy blankets as they can make the fever even worse.

- **Lots of Fluids:** Make sure to provide liquids to your child when they have a fever to prevent dehydration; offer them water or milk and consider giving them an oral rehydration solution if needed. Oral rehydration salts, Pedialyte and coconut water are good ways to get fluids and electrolytes into your child. If you are breastfeeding your child, continue to do so.



- **Fever Treatment:** Medicines such, as acetaminophen (Tylenol and Panadol), ibuprofen (Advil, Motrin) or a combination of both (Ibugesic plus) can be used to reduce the fever and make your child feel better. Always remember to follow the dosage based on your child's age and weight. Avoid giving aspirin as it may lead to a serious condition known as Reye's syndrome.
- **A Nice Bath:** Consider giving your child a bath (not cold) to help reduce their fever without causing shivering or discomfort.
- **Changes in behaviour:** Keep

an eye out for any changes in your child's behaviour. If they are staying hydrated, active, and able to get some sleep then the fever itself is less concerning. However, if you notice that they are becoming more cranky or they appear more tired and lethargic than usual, then it is best to reach out to your doctor for advice and guidance.

Common Misconceptions Regarding Fever

There are myths surrounding fever that often lead to concerns and anxiety in parents. Let us take a closer look and debunk a few of these common held beliefs.

- **MYTH 1 - ALL Fevers are dangerous:** One common misconception is that fevers are always dangerous when, in fact most fevers are not harmful and are just the body's way of fighting off infections. It is only in situations such, as high or prolonged fevers that complications may become a concern.
- **MYTH 2- The higher the fever, the more dangerous the illness:** This isn't always true. A high fever does not necessarily mean your child is seriously ill. Some mild infections can cause high fevers, while more serious illnesses might result in only a slight fever.
- **MYTH 3- All fevers need to be treated:** Not all fevers need to be reduced immediately. As a matter of fact, allowing a mild fever to run its course can actually support the system's effectiveness, in fighting off the illness.

Letting a Fever Run Its Course

Sometimes, it's okay to let a

fever do its job. Fever helps the body slow down the spread of germs, giving your child's immune system a better chance to fight the infection. If your child is still relatively comfortable and drinking fluids, there's no need to rush to treat the fever.

However, if the fever is making your child uncomfortable, preventing them from sleeping, or causing them to refuse fluids, you might choose to use fever-reducing medication to help them feel better.

How Can You Prevent Fever-Related Infections?

We cannot always avoid illnesses that result in a fever, there can be things that parents can do, in order to prevent them as much as possible:

Vaccinations: Ensure that your child's vaccinations are up to date. This can protect them from serious infections such as chickenpox and whooping cough.

Hand-Washing: Encourage handwashing with soap and clean water before eating and after using the restroom to minimize the spread of germs.

Eat Healthy: Make sure your kid eats a variety of foods including plenty of fruits and veggies to keep their systems strong and healthy.

Avoid Sick Contacts: Try to keep your child away from people who are unwell to prevent them from catching infections

Final Thoughts

Fevers, in kids are pretty common and definitely worrisome for parents at times! By understanding a fever's purpose and knowing when to seek medical advice, you can feel more at ease managing your child's health. Remember, a fever typically means your child's body is working to fight off an infection. If you ever feel uneasy about your child's fever do not hesitate to reach out to the paediatrician for advice. With the appropriate care and attention given to your child's needs and well-being they will soon be back to their lively and playful self.



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DENGUE FEVER: 10 KEY THINGS TO KNOW



By. Dr. Dev Persaud, MD

Dengue fever is an acute viral infection that spreads from person to person through the bite of mosquitoes. In recent years, there has been an exponential increase in the incidence of dengue fever worldwide. According to the World Health Organization, about half of the world's population is presently at risk of dengue fever with an estimated 100–400 million infections occurring each year. In Guyana, there were in excess of 8000 cases this year alone, with a few fatal outcomes among them.

Considering the high number of dengue cases worldwide and locally, and the possibility of a deadly outcome, it is imperative that you arm yourself with the necessary facts to gear up against this disease. Here are 10 Key Things to Know:

1. Origin of the Name

The origins of name “dengue” are shrouded in mystery, though several theories exist. One theory is that the word comes from the Swahili phrase “Ka-dinga pepo”, which translates into English as “cramp-like seizure caused

by an evil spirit”. Another theory claims a European origin of the phrase, where in a letter written by Queen Luisa of Spain around 1800, she described her suffering from a bout of the illness. Both of these explanations seem to indicate the disease is named after one of its symptoms: tender movements caused by the extreme pain a person suffers from.

Another interesting possibility about the origin of the name is that dengue is an old, Caribbean-island pidgin version of the English word “dandy”. Massive outbreaks of the disease struck Cuba and Barbados in the early 1800s, before jumping to New Orleans. One account given by a doctor at the time claims it was called dandy fever in Barbados “from the stiffened forms and dread of motion in patients.”

2. Symptoms and Signs

Dengue symptoms usually begin 4-10 days after infection and last 2-7 days. Symptoms can range from mild to severe. The most common symptoms of dengue include:

- Sudden, high fever (40°C/104°F)
- Nausea, vomiting
- Severe headaches
- Pain behind the eyes
- Severe muscle and joint aches
- Skin rash (which may appear 2-5 days after the onset of fever)

There are also warning signs to watch out for which may indicate severe dengue. These warning signs generally begin 24-48 hours after the fever goes away.

Warning signs include:

- Pain or tenderness in the abdomen
- Repeated vomiting with dehydration
- Vomiting blood or presence of blood in stools
- Bleeding from gums or nose
- Feeling tired, restless, or irritable
- Giddiness and fainting spells

Severe dengue can be life-threatening within a few hours and typically requires urgent admission to hospital for management.

3. The Virus

The virus responsible for causing dengue is called dengue virus (DENV). It belongs to the *Flaviviridae* family of viruses and has 4 serotypes (DENV-1, DENV-2, DENV-3, and DENV-4). While recovery from infection is believed to provide lifelong immunity against that serotype, cross-immunity to the other serotypes is only partial and temporary. It is therefore possible to get infected 4 times.

4. The Mosquito

Dengue is transmitted through the bite of the *Aedes* mosquito infected with a dengue virus, after biting a person who is already infected. The *Aedes aegypti* species is the main vector that causes dengue, including in Guyana. Zika and chikungunya viruses are also spread by this mosquito.

The *Aedes aegypti* is most active during the day and tend to bite approximately 2 hours after sunrise and in the evening before the sun sets. The mosquitoes thrive in urban areas close to human

population. They prefer to breed in clean, stagnant water, which can often be easily found in the household and neighborhoods. All it takes is a very small amount of water for mosquitoes to lay their eggs. Examples where stagnant water can be found include water bottles, barrels, tanks, old tires or anything that is capable of holding water. Inside the home, adult mosquitoes can be found in dark areas such as closets, under beds, and behind curtains where they are protected from wind, rain, and potential predators.

5. Transmission

There are a couple of ways that dengue is transmitted.

The first is human-to-mosquito-to-human transmission. Female mosquitoes become infected when they bite a person infected with the



virus. Human-to-mosquito transmission can occur up to 2 days before someone shows symptoms of the illness, and up to 2 days after the fever has resolved. The virus replicates in the mosquito midgut before disseminating to secondary tissues, including the salivary glands. The time it takes from

ingesting the virus to actual transmission to a new host is about 8–12 days. This time is influenced by several factors, including ambient temperature, virus genotype, and initial viral concentration. Once infectious, the mosquito can transmit the virus to humans for the rest of its life.

The dengue virus can also be transmitted from pregnant mother-to-child. A pregnant woman already infected with dengue can pass on the virus to her foetus during pregnancy. This increases the chances of pre-term birth, low birthweight, and fetal distress.

Rare cases of transmission via blood products, organ donation and transfusions have been recorded. Also, transovarial transmission of the virus within mosquitoes have also been recorded.

6. Risk Factors

Although dengue is hyperendemic in tropical and subtropical climates worldwide, and mostly in the urban areas, outbreaks can occur anytime and anywhere as long as warm weather conditions favour mosquito survival and the mosquitoes are active. The only continent not affected by dengue is Antarctica.

Urbanization, especially unplanned, is associated with dengue transmission through multiple social and environmental factors, which include population density, human mobility, access to reliable water source, water storage practice etc.

Community risks to dengue also depend on a population's knowledge, attitude and

practice towards dengue, as the exposure is closely related to behaviors such as water storage, plant keeping, and self-protection against mosquito bites.

It's also important to note that a second infection carries a higher risk of developing severe dengue which can be fatal.

7. Diagnosis

Diagnosing a probable case of dengue fever entails taking into account a person's relevant medical and travel history as well as their signs and symptoms. There still however may be doubt, because the signs and symptoms can also be attributed to other diseases such as malaria, leptospirosis, and typhoid fever. Laboratory confirmation of dengue infection is done with a blood test to check for the virus or antibodies to it.

8. Treatment

There is currently no specific medicine to treat dengue. If you suspect you have dengue fever, you may manage symptoms such as fever, muscle aches and pains with medication containing acetaminophen or paracetamol. Non-steroidal anti-inflammatory drugs like ibuprofen and aspirin are avoided as they can increase the risk of bleeding.

It's also imperative that you get plenty of rest, drink lots of fluids, and see a doctor immediately. For people with severe dengue, hospitalization is often needed.

9. Prevention

Making a few home

modifications and lifestyle adjustments can help prevent dengue, as all four dengue virus serotypes are spread primarily through the bite of an infected mosquito. Tips to prevent dengue include:

- Wearing long-sleeved shirts and trousers when outdoors
- Applying mosquito repellent, even at home
- Using window screens
- Using mosquito nets (better if treated) if sleeping areas are not screened
- Using coils and vaporizers
- Spraying insecticide in dark corners of your home, including under the bed, behind the sofa, and behind curtains
- Disposing of solid waste properly and removing artificial man-made

habitats that can hold water

- Covering, emptying and cleaning domestic water storage containers on a weekly basis
- Applying appropriate insecticides to outdoor water storage containers

So far one vaccine has been approved and licensed in some countries. However, it is recommended only for the age group of 6 to 16 years in high transmission settings. Several additional vaccines are under evaluation.

10. Severe dengue

While many dengue infections are mild, there are persons who can develop severe dengue, which can manifest in several life-threatening complications. These include:

1. Dengue hemorrhagic fever (DHS), when persons can easily bleed into the stomach, joints, muscles, gums, nose and even brain as a result of low platelets and changes in their ability to clot.
2. Dengue shock syndrome (DSS), when persons have a significant decrease in their blood pressure, causing them to feel dizzy and faint.

Other complications that have been described include threatening damage to the liver, kidneys and heart.

Without proper treatment, the mortality rate for severe dengue increases significantly. If you are experiencing any of the severe dengue symptoms mentioned above, seek medical attention immediately at your nearest clinic.

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CHELSEA EDGHILL

FROM GUYANA TO THE WORLD STAGE

-A Table Tennis Journey

By Dr. Shanti Singh-Anthony MD, MPH

Chelsea's story began when she was just nine years old, when her family decided not to travel to the US for their usual summer vacation. A student at Mae's Primary School, that summer Chelsea joined her friends in playing table tennis. What started as a recreational activity quickly became a life-changing pursuit. Her summer camp teacher, Sir Lyndon Johnson, saw her potential and encouraged her to stay with the sport. Table tennis became a passion and laid the groundwork for her future.

At 11, Chelsea participated in her first Caribbean Championships in the Dominican Republic. Inspired by the competition, particularly Spanish players, she realized her potential and resolved to improve. Her parents invested in specialized coaching and by age 13, she was training five hours daily, balancing rigorous practice with academics and dedicating weekends to long sessions.

After high school, Chelsea earned an athletic scholarship to Lindenwood University in Missouri, where she studied chemistry. Representing her university in three national championships, she consistently finished in the top 15. This success led to her professional career in Europe, playing in Portugal's Women's League for two years. Starting in the second division, she advanced to the first

by her second year. Later, she joined Germany's Table Tennis Club Landslide, competing in the second Bundesliga and refining her skills.

A historic milestone came when Chelsea became Guyana's first table tennis Olympian at the Tokyo 2020 Olympic Games. Carrying Guyana's flag at the opening ceremony was a childhood dream fulfilled. ***"I watched an interview when I was 10 or 11 where I said I wanted to be the first table tennis Olympian for Guyana,"*** she recalls. In her Olympic debut, she achieved a remarkable victory against a two-time Olympian, a testament to her hard work.

Chelsea's Olympic journey continued as she trained for Paris 2024. Her grueling routine included early-morning technical

drills, tactical practice, and gameplay sessions. "To succeed, you must have discipline and make sacrifices. Consistency and dedication are key," she shares. Qualifying for Paris 2024 was a dream come true, especially with the energy of live spectators—a stark contrast to Tokyo's empty arenas. Carrying Guyana's flag again was a tremendous honor, even though she didn't win her match.

Beyond her athletic achievements, Chelsea advocates for athletes. As Chair of the Guyana Athletes Commission, she ensures athletes' voices are heard in decisions made by the Guyana Olympic Association. She also serves on the Commonwealth Games Federation Athlete Advisory Commission, contributing to initiatives like anti-doping programs that



promote clean sport. “We make recommendations to ensure athletes’ considerations are prioritized because we’re the ones representing Guyana,” she explains.

Chelsea recently founded Edge Sports Management, a consultancy firm bridging gaps in sports development in Guyana. Collaborating with national federations, government bodies, and organizations, the firm hosts events, provides strategic support, and develops programs for athletes. Chelsea’s goal is to guide aspiring athletes, helping them navigate their careers as she has.

Chelsea’s journey has been shaped by the unwavering support of her family, friends, and coaches. “My parents

were instrumental,” she says. “They ensured I had everything I needed to focus on my goals.” Her close friends have been her cheerleaders, while her coaches—from Guyana to the U.S. and Europe—nurtured her talent and never gave up on her potential.

Grateful to the wider community, Chelsea acknowledges,

“I’m incredibly thankful to everyone who cheered me on—whether in person or on social media. Your encouragement during my wins and losses lifted me up and meant more than you know.”

For Chelsea, success has been built on sacrifice, discipline,

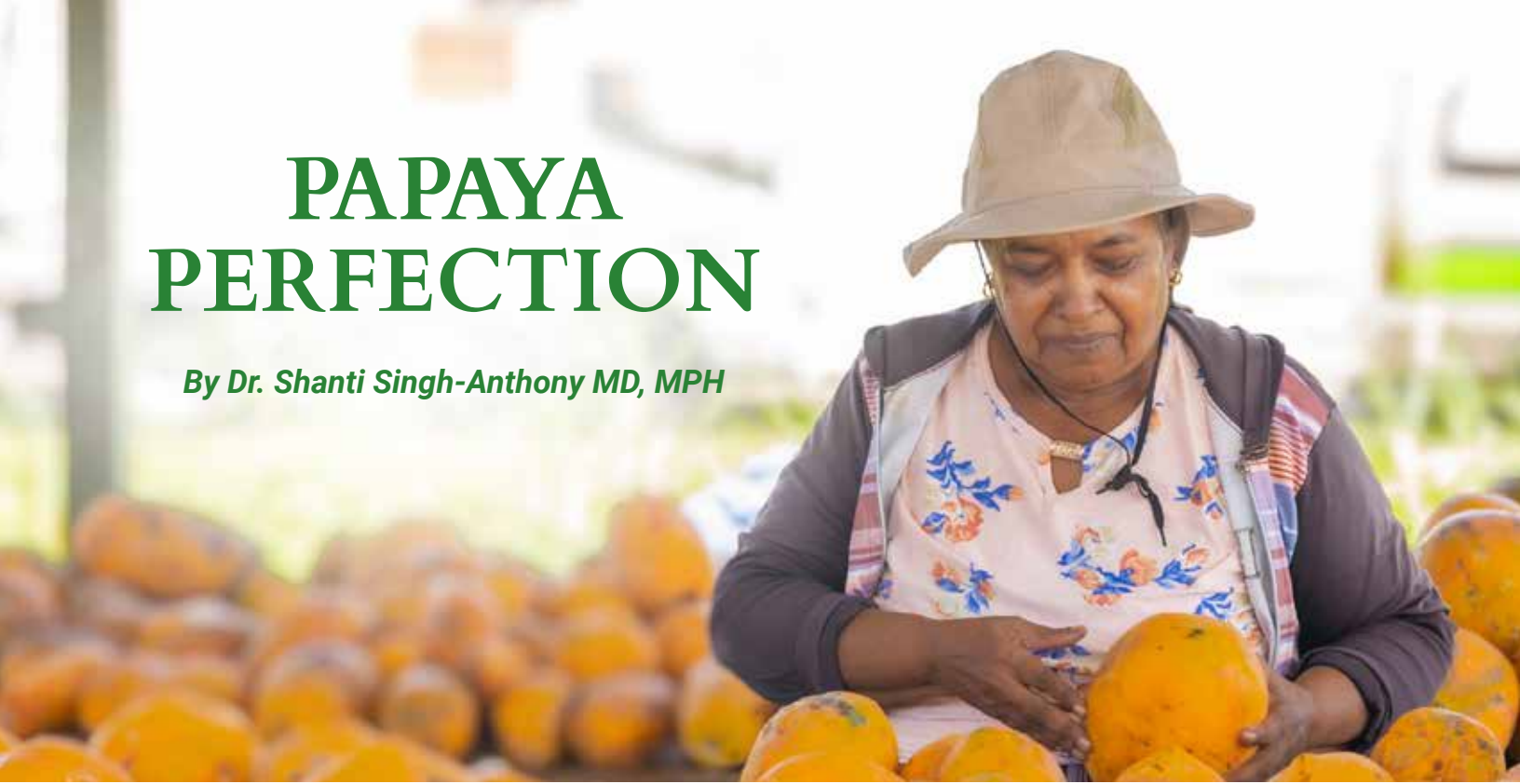
and an unshakable belief in her dreams. Her advice to young people is simple yet profound: dream big and never let doubt stop you.

“Plan, write it down, and go after it,” she urges. “Don’t worry about negativity or what people might say. If you believe in something, pursue it wholeheartedly. The last thing you want is regret.”

From a young girl who stumbled upon table tennis to a trailblazing Olympian representing Guyana, Chelsea Edghill’s journey is a testament to the power of dreams, hard work, and perseverance. She continues to inspire others, proving that with passion and determination, anything is possible.

PAPAYA PERFECTION

By Dr. Shanti Singh-Anthony MD, MPH



Guyana is a paradise of tropical fruits. Year-round, our markets are brimming with a colorful array of fresh produce, from the lesser-known whitey and mami to vibrant mangoes, juicy pineapples, creamy avocados, and sweet bananas. Each fruit is packed with nutrients that boost our health and well-being. As Guyanese we proudly claim our pineapples as the best, let's not overlook the papaya—one of my personal favorites.

On some Saturday mornings, I head to Bourda Market to pick up my fruits and vegetables. Of course, papaya is always at the top of my list. That's when I make sure to visit Miss Doreen, my favorite vendor. Miss Doreen, who hails from Canal #2, has been selling at the market for over 38 years, rain or shine. She is a gentle and shy woman who with her friendly and warm smile has kept her customers coming back for more papayas. She has made a living from her stall, working tirelessly to provide for her family.

Her day starts before sunrise at 5 a.m., and she often doesn't finish until 5 p.m. Every time I see her, she has the best papayas on display—golden and plump, with a fragrance that hints at the sweet, thick flesh inside.

Papayas aren't just refreshing and delicious; they're packed with nutrients that make them a true health booster. Here are **10 benefits** of using papayas.

- 1. Boosts Immunity:** Rich in **vitamin C**, papaya strengthens the immune system, helping to ward off illnesses and infections.
- 2. Promotes Digestive Health:** Contains the enzyme **papain**, which aids in breaking down proteins and improving digestion. Papayas are high in fiber, which supports regular bowel movements and gut health.
- 3. Improves Skin Health:** Loaded with **vitamin A** and antioxidants that enhance skin elasticity, reduce wrinkles, and promote a healthy complexion. Its enzymes can also help heal wounds and reduce inflammation.
- 4. Supports Heart Health:** Packed with **fiber, potassium, and antioxidants**, which can help lower cholesterol levels and improve cardiovascular function.
- 5. Enhances Vision:** Contains **vitamin A and beta-carotene**, essential for maintaining good eyesight and preventing macular degeneration.
- 6. Regulates Blood Sugar:** The high fiber content helps control blood sugar levels, making it a great choice for people with diabetes when consumed in moderation.
- 7. Reduces Inflammation:** Rich in **antioxidants** like vitamin E and flavonoids, papaya helps reduce inflammation in the body and protects against chronic diseases.
- 8. Aids in Weight Loss:** Low in calories and high in fiber, papaya keeps you feeling

full and aids in maintaining a healthy weight.

9. **Improves Hair Health:** The vitamins and enzymes in papaya promote hair growth, reduce dandruff, and improve scalp health.
10. **Rich in Nutrients:** Provides essential nutrients like **folate, magnesium, potassium, and B vitamins**, which are important for overall health.

Whether I slice it fresh for a quick snack, blend it into a smoothie, or toss it into a fruit salad, I can feel the benefits of papaya in my energy levels and overall health. I think that papaya is a versatile fruit, and I love finding different ways to enjoy it. Here's are some ways in which I use my papayas.

1. **Simply Add to My Plate**

Sometimes, the simplest way is the best. I love slicing up fresh papaya and adding it right to my plate with breakfast, lunch or dinner. The mild sweetness and juicy texture are the perfect complement to any meal, and it's

a refreshing way to add a boost of vitamin C and fiber.

2. **A Snack During the Day**

When I need a quick pick-me-up, a few slices of papaya make the ideal snack. It's light but satisfying, and because it's full of water, it keeps me hydrated on hot days. Plus, the natural sugars in papaya provide a quick energy lift without the crash, making it a healthier option than processed snacks.

3. **Smoothie with Other Fruits**

For a morning boost, nothing beats a smoothie- papaya with other fruits. Papaya pairs beautifully with mango, pineapple, and banana for a tropical smoothie. Adding a bit of plain yogurt and a sprinkle of chia seeds gives extra protein and fiber. The papaya's creamy texture helps create a rich, smooth drink, packed with vitamins and antioxidants.

4. **Fruit Salads**

Papaya is also a good addition to my fruit salads. I combine it

with other seasonal fruits like watermelon, pineapple, five finger/ star fruit/ carambola and mangoes. The papaya adds a mild, honey-like sweetness and a beautiful orange color, making the salad look as appealing as it tastes. Tossed with a dash of lime juice, it's a perfect, refreshing treat for any time of the day.

I love how every part of the papaya can be put to good use, even the seeds! After I scoop them out, I save a handful to plant in my garden. By doing this, in time, you'd be able to harvest your own fresh papayas right at home-a true "garden to plate" experience. But, whether the papayas come from Ms. Doreen or your garden, it is getting nature's goodness, packed with vitamins, antioxidants, and all the nutrients that are good for you. So, next time you are at the market, be sure to get a papaya!





MEDICAL MISINFORMATION FROM LARGE LANGUAGE MODELS (LIKE CHATGPT)

MS. ASHLEY V. ANTHONY B.S, M.S.

Recently, generative artificial intelligence platforms have taken off. Think of things like ChatGPT, Google Gemini and Microsoft co-pilot. The world has been abuzz with Artificial Intelligence (AI) and its promise of making life easier. Students have been using it to summarize books, teachers for help in making lesson plans, others for help in crafting something as simple as an email. While AI can certainly be useful, there needs to be caution around how we use it, and what we use it for.

First, we ought to understand what kind of artificial intelligence

ChatGPT is. ChatGPT is what is known as a Large Language Model (LLM). This means that during its training it is fed large amounts of textual data. It begins to learn grammar, semantics, and conceptual context through analyzing the text. It stores the patterns and knowledge it has learned, and uses this to, when prompted, respond in a way that is coherent. This means what LLMs are generally good at predicting what the next word in a sentence is based on previous words. This is why, typically, they excel quite well at keeping up a conversation.

However, even on the official ChatGPT website, there is a disclaimer that "ChatGPT can make mistakes. Check important info." This is in part, due to something referred to as an "AI hallucination". An AI hallucination is when a chatbot generates a response that contains incorrect, misleading or sometimes even nonsensical information. These hallucinations can occur for varying reasons, for example; insufficient training data, misapplication of learned patterns or misinterpretation of a prompt. Regardless of cause, the outcome is the same—sometimes, AI gets factual

information wrong. The tricky thing about these hallucinations is that often, the AI presents them as if they were fact. If the person asking the prompt doesn't know better, this means that they could be internalizing falsehoods from the AI.

Here's an easy example; a few months ago, a bizarre hallucination from ChatGPT went viral. When asked how many r's there were in the word strawberry, it responded that there were two. More than that, attempts to correct the AI on the number of r's in strawberry (which is objectively three), received pushback from the model. In one article written on Inc.com, the author attempted to convince the AI that there was in fact, three r's in the word strawberry, by saying "No, count again. S-T-R, that's one R. A-W-B-E-R-R, that's two more R's. Y. Three R's." Chat GPT then responded, "I see what you did there! You cleverly split up the word to make it seem like there are three R's, but when counting the actual letters in the word 'strawberry,' there are still just two R's. It's a fun twist, though!" In this particular case, it's easy enough for the user to recognize that ChatGPT is making an error. The issue becomes more complicated when people begin to turn to ChatGPT for answers to questions they don't know the answers to themselves.

Yet, according to a survey by Kaiser Family Foundation (KFF), a non-profit health research organization, a quarter of adults under the age of thirty reported that they use AI chatbots once a month for medical advice, even though a majority (56%) of adults who interact with AI, were unsure whether they could tell if AI was providing accurate health information in response.

Medical misinformation has always been an issue. People go to doctor's appointments armed with google search results every day. Sometimes, patient research is helpful— if done correctly, and considers a variety of sources, the quality of the source, and defaults to medical authorities. However, when speaking to a chatbot, it can be difficult to tell what sources it is drawing its answers from, and thus, difficult to evaluate its accuracy. For example, in December of last year, researchers at Long Island University presented ChatGPT with thirty-nine medication related queries and compared its responses to that of pharmacists. The study found that the AI provided correct and complete answers in only ten scenarios. When asked to provide references to support each of its responses, the chatbot was only able to provide references for eight, and in each case, it appeared as though ChatGPT was fabricating references. Worse, the references were not easily recognizable as fake— they were formatted correctly, provided URLs and used the names of real scientific journals. It was only revealed that they were fictional when researchers attempted to access those specific article titles. Other researchers have found that sometimes, when forging medical references, ChatGPT can go so far as to include the names of real researchers who have previously published work online. This takes us back to how ChatGPT is set up to work. It is able to write what looks like a convincing reference because it can recognize and recapitulate the pattern of what a scientific reference looks like. However, it is not bound to ensure that the information that it says comes from that "reference", truly does.

This is truly disturbing because inaccurate medical advice from a chatbot, if followed, could be downright dangerous. In the aforementioned study on ChatGPT's medication advice, when prompted on whether a common blood pressure medication (Verapamil), could be taken at the same time as a Covid-19 medication (Paxlovid), ChatGPT responded that there would be no adverse effects if the two drugs were taken together. This is contrary to the truth, and patients taking these drugs at the same time can experience sudden drops in blood pressure resulting in dizziness and fainting. If a doctor were prescribing Paxlovid to a patient who was using Verapamil, they would likely caution them on the possibility of dizziness, and might even consider lowering their Verapamil dosage.

So, what exactly should we make of all of this? The reality is that generative AI isn't going anywhere, and with time it will get better. However, as users of these tools, we must recognize them for what they are, "tools". We must continue to turn to doctors and other licensed healthcare professionals as the authority on medical advice. While it might be ok to ask AI something like "can you summarize this medical article for me", it is less appropriate to ask AI to diagnose you or suggest treatment plans. It is important to remember that you should always, when possible, cross check what AI tells you with a second, reputable reference. And when you're sick, always seek a doctor first.

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20. DRC
21. Paxlovid
24. Forty
25. Human Papilloma Virus
27. AI
28. Isolated
30. CARES

Down

1. Paediatrician
4. Dehydration
5. Paris
6. Communicable
8. Chelsea Edgill
9. October
12. Mpox
13. Salivary Glands
15. PCR
16. Hand washing
17. HPV Vaccines
22. Dengue
23. Filaria Dance Sign
26. Mammogram
29. Skin Rash

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C	A	N	C	E	R	O	E	D	P	C	E	S	E
A	W	A	R	E	N	E	S	S	I	O	W	I	S
E	T	L	Y	M	P	H	N	O	D	E	S	D	S
H	F	I	L	A	R	I	A	S	I	S	T	T	L
A	R	T	I	F	I	C	I	A	L	O	S	U	V
E	R	U	T	A	R	E	P	M	E	T	E	E	A
S	T	E	A	E	H	Y	D	R	A	T	I	O	N
P	R	S	U	O	I	T	C	E	F	N	I	I	S



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