



# DIGEST

NAFTraPh



**Infection, Inflammation & Insights**

**Your Partner in Wellness & Knowledge**

**HEMOCHROMATOSIS**

**HEALTH IQ  
CHALLENGE**

**BRAIN HEALTH**

**VIRAL  
HEPATITIS  
UNVEILED**

**JULY 2025**

**If knowledge is power then compassion is its twin**



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# Editorial Note

NAFTraPh Digest

Infection, Inflammation & Insights



## Shadows & Strength

There's something haunting about the battles we cannot see. A man walks into a pharmacy smiling, yet silently bracing himself for another hepatitis injection. A teenager hides her chronic joint pain behind a filter and a grin. A mother loses sleep over her child's speech delay, not knowing it could be a sign of Group B Strep at birth. These aren't headlines. These are our neighbors, our patients, our colleagues... sometimes, even us.



Welcome to the **July Edition** of **NAFTraPh Digest**, where we spotlight the **“unseen” infections that lurk quietly, inflammations that burn silently, and conditions that reshape lives without warning or notice.** This month's theme, **“Infection, Inflammation & Insight,”** isn't just about illness—it's about the **resilience behind the diagnosis, the knowledge that breaks shame, and the hope that blooms when we begin to understand what we're truly facing.**

From the complexities of **Hepatitis A–E** to the heartbreaking silence of **Sjögren's Syndrome**, the pain of **juvenile arthritis**, or the overlooked threat of **UV damage**, we are walking through a landscape of hidden battles and the people who live with them courageously.

But this edition isn't just for healthcare professionals. It's for the parent, the student, the survivor, the caregiver. It's a call to notice more, ask better questions, and fight for those whose pain doesn't always come with visible bruises.

If knowledge is power, then compassion is its twin. Let's dive deep, not just into facts—but into lives.

And let's walk this July journey with more empathy, awareness, and advocacy than ever before.

– **The NAFTraPh Digest Editorial Team**

(on behalf of pharmacists who see more than symptoms, and readers who want to understand more than headlines)



# Viral Hepatitis Unveiled

NAFTraPh Digest

Infection, Inflammation & Insights

## A DEEP DIVE INTO TYPES A–E & THE GLOBAL CALL FOR ACTION IN HONOR OF WORLD HEPATITIS DAY – JULY 28

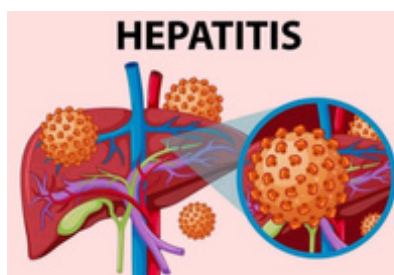
It started with fatigue nothing unusual for Ada, a 33-year-old school teacher in Enugu juggling family, work, and community life. But when her skin began to yellow, her joints ached constantly, and her stomach swelled slightly, she knew it wasn't just stress. A visit to her doctor confirmed it: **Hepatitis B**.

“I had no idea I was living with something so serious,” she recalled. “I didn't even know how or when I got it.”

Ada's story is far too common.

### The Global Picture: One Disease, Five Letters

Hepatitis isn't one disease—it's a family of viral infections that target the liver and can range from acute illness to chronic, life-threatening conditions. The World Health Organization (WHO) estimates that over 350 million people worldwide are living with chronic hepatitis infections, most of whom are unaware. Yet, the disease remains under diagnosed, misunderstood, and underfunded. Let's take a closer look at the five main types—**Hepatitis A, B, C, D, and E** and what you need to know.



*We're not just giving  
out medicines; we're  
giving out protection,  
information, and hope*

#### **A** Hepatitis A: The Traveler's Bug

**Transmission:** Fecal-oral route (contaminated food or water)

**Symptoms:** Fatigue, nausea, jaundice, stomach pain

**Good News:** It's usually self-limiting and rarely leads to long-term damage.

**Prevention Tip:** Get vaccinated and practice good hygiene especially in areas with poor sanitation.

#### **B** Hepatitis B: The Silent Invader

**Transmission:** Blood, sexual contact, mother-to-child at birth

**Why It's Dangerous:** It can become chronic and lead to liver cirrhosis or cancer.

**The Hidden Threat:** Many people don't know they're infected until liver damage has already occurred.

**Nigeria Alert:** Nigeria is among the countries with the highest burden of hepatitis B in Africa.

**What You Can Do:** Test. Vaccinate. Educate. Hepatitis B is preventable through early screening and vaccination.

#### **Hepatitis C: The Curable but Elusive Enemy**

**Transmission:** Primarily through infected blood (e.g., transfusions, unsafe injections).





# Viral Hepatitis Unveiled

**Chronic in Nature:** Most cases become chronic and lead to liver damage.

**Good News:** It's curable with modern antiviral medications, but many don't access them due to late diagnosis or cost.

**Who's at Risk:** Those who had blood transfusions before 1992, healthcare workers, drug users, or anyone exposed to unsterilized needles.

## **D Hepatitis D: The Double Trouble**

**Transmission:** Only occurs in those already infected with Hepatitis B.

**Impact:** Causes more severe illness than hepatitis B alone.

**Prevention Tip:** Protect yourself from B, and you're safe from D too.

## **E Hepatitis E: The Forgotten Virus**

**Transmission:** Contaminated water, mostly in developing countries.

**Risk Group:** Particularly dangerous for pregnant women, leading to high mortality in the third trimester.

**Why You Should Care:** It's preventable through clean water and better hygiene—yet millions remain vulnerable.

## **DEEP DIVE: HEPATITIS B – THE SILENT SCOURGE OF OUR TIME**

*"It doesn't hurt, it doesn't itch, and for years—I didn't even know I had it."* — Chidi, a 39-year-old father of two diagnosed with chronic Hepatitis B during a routine employment screening.

**Hepatitis B (HBV)** is one of the most infectious diseases on the planet, 100 times more contagious than HIV and yet, it often hides in plain sight.

It's estimated that one in eight Nigerians is living with Hepatitis B, but the vast majority are unaware. In sub-Saharan Africa, HBV is considered hyperendemic, with transmission often occurring during childbirth or early childhood.

## **WHAT IS HEPATITIS B?**

Hepatitis B is a DNA virus that targets the liver, leading to inflammation and potentially long-term complications like:

- Cirrhosis (liver scarring)
- Liver failure
- Hepatocellular carcinoma (liver cancer)

HBV can be acute (short-term) or chronic (lasting longer than six months). The younger a person is when infected, the more likely they are to develop chronic infection.

## **Age at Infection — Chance of Chronic Hepatitis B**

At birth ————— 90%

Under 5 years ————— 30–50%

Adult ————— <5%

## **HOW IS IT TRANSMITTED?**

HBV is transmitted through contact with infected blood, semen, or body fluids. Common routes include:

- Mother-to-child transmission during childbirth
- Unprotected sex
- Sharing needles or razors
- Unscreened blood transfusions
- Healthcare exposure to infected blood

## **SIGNS & SYMPTOMS**

Most people especially children experience no symptoms in the early stages. However, when symptoms do appear, they may include:

# Viral Hepatitis Unveiled

- Fatigue
- Loss of appetite
- Nausea or vomiting
- Abdominal pain
- Dark urine
- Pale stool
- Yellowing of skin and eyes (jaundice)

## TESTING & DIAGNOSIS

Testing for HBV typically involves:

- **HBsAg (Hepatitis B surface antigen):** Confirms active infection.
- **Anti-HBs:** Confirms immunity from vaccine or recovery.
- **Anti-HBc:** Confirms previous or ongoing infection.
- **Liver function tests and HBV DNA** to determine liver health and viral load.

Testing is affordable and available in many pharmacies, clinics, and hospitals across Nigeria.

## PREVENTION: THE HEPATITIS B VACCINE

The HBV vaccine is safe, effective, and FREE for newborns in many public health settings.

*Nigeria's National Policy recommends a birth dose within 24 hours of delivery, followed by 2 more doses (at 6 and 14 weeks).*

Adults, especially healthcare workers and sexually active individuals, should also be vaccinated if not already immune.

## TREATMENT OPTIONS

While there is no cure for HBV, there are highly effective medications that suppress the virus and reduce the risk of liver damage:

- Tenofovir
- Entecavir

These drugs do not eliminate the virus but can prevent progression to liver failure or cancer.

Chronic patients require regular monitoring of liver enzymes, viral load, and liver imaging.

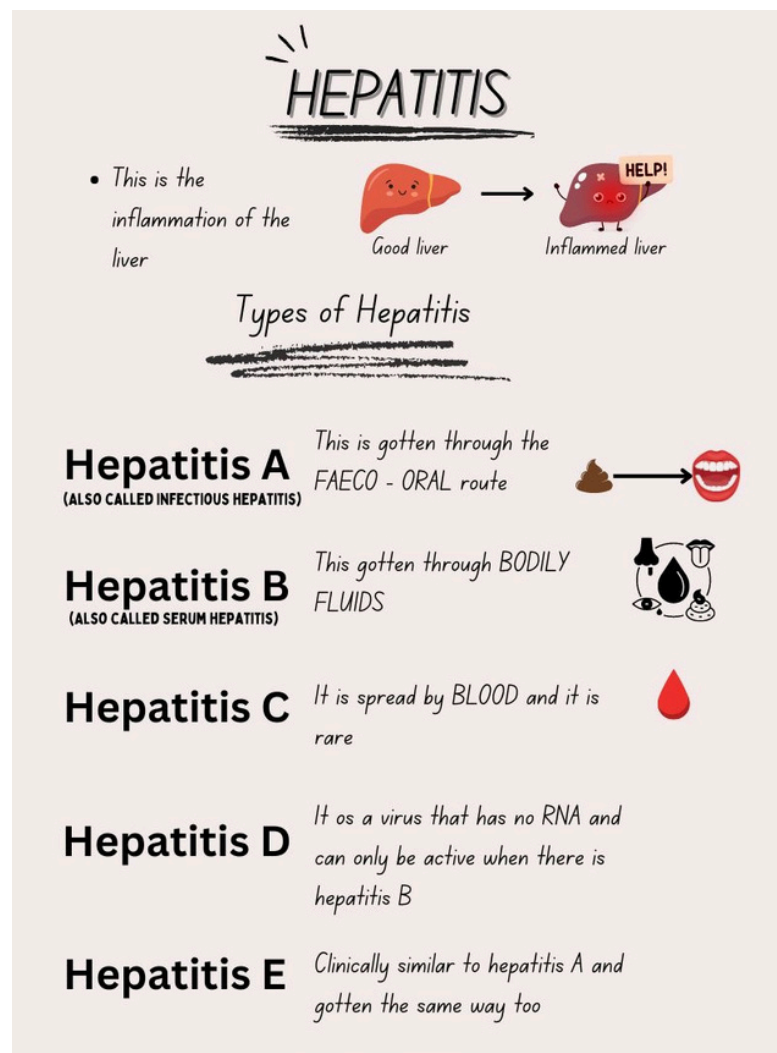
## PHARMACISTS ON THE FRONTLINE

Pharmacists are uniquely positioned to:

- 👉 Educate patients on prevention
- 👉 Encourage HBV screening and vaccination
- 👉 Offer counseling to newly diagnosed individuals
- 👉 Monitor adherence to long-term antiviral therapy

*“We’re not just giving out medicines; we’re giving out protection, information, and hope.”*

— Pharm. Adebayo Yusuf, Community Pharmacist.



# Viral Hepatitis Unveiled

## URGENT CHALLENGES IN NIGERIA

- Low vaccination rates among adults and infants
- Lack of public awareness
- Stigma surrounding hepatitis diagnosis
- Inadequate access to affordable treatment and testing

## WHAT YOU CAN DO NOW

- 👉 Get tested. Know your status.
- 👉 Get vaccinated. Protect your liver.
- 👉 Practice safe sex and avoid sharing sharps.
- 👉 Ask your pharmacist or healthcare provider for guidance.
- 👉 Advocate for access to screening and treatment in underserved communities.

## FINAL WORD

Hepatitis B is preventable, manageable, and beatable but only if we face it head-on. Whether you're a healthcare professional, a patient, or simply someone who cares, you are part of the solution.

*Let's break the silence.*

*Let's protect our livers.*

*Let's eliminate hepatitis in our lifetime.*

## A CALL TO PHARMACISTS: YOUR ROLE IS VITAL

Pharmacists aren't just dispensers, they're gatekeepers of public health. Whether it's administering vaccines, advocating for screenings, or educating the public about risk factors and treatment, your role is pivotal in Nigeria's effort to eliminate viral hepatitis.

In our pharmacy, we make sure every pregnant woman knows her hepatitis status.

*Prevention begins with awareness.*" – Pharm. Ngozi Okoye, Community Pharmacist, Abakaliki.

## WORLD HEPATITIS DAY: MORE THAN A DATE

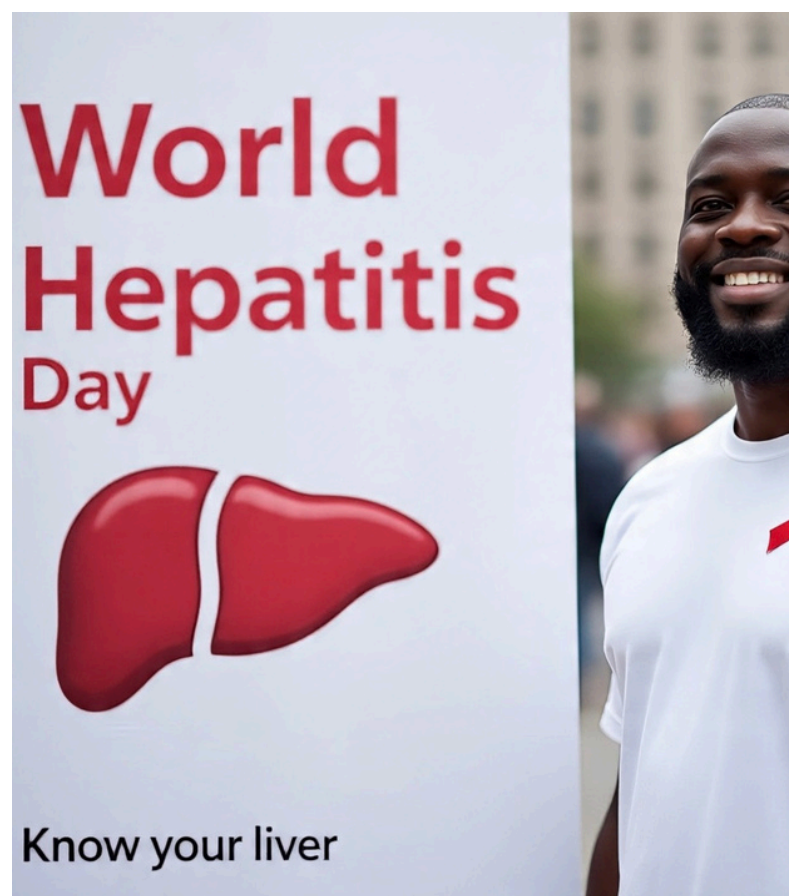
Every July 28, the world marks World Hepatitis Day but for those affected, hepatitis awareness should be year-round. The theme for 2025, "**Hepatitis Can't Wait**," is a rallying cry to policymakers, healthcare workers, and everyday people: early testing and intervention save lives.

## CLOSING THOUGHT

Behind every liver test is a person, a story, a chance to change the outcome. Hepatitis may be silent but our response shouldn't be.

*Are you aware? Are you safe? Are you sharing the message?*

Let's start the conversation today, not tomorrow.





# HEMOCHROMATOSIS

## *The Iron Overload Condition You Didn't Know*

### *About*

Imagine your body quietly hoarding iron, decade after decade, turning a vital mineral into a dangerous substance. That's the story of hemochromatosis, a genetic disorder that affects roughly 1 in 200 to 500 people of Northern European descent, making it one of the most common inherited diseases in that population. According to recent data the prevalence of Hemochromatosis in Nigeria is not much compared to those of other populations like the Europeans but there are cases that amount to iron overload besides the genetic mutation component. In one study the report showed that in Nigeria about 8.2% of women aged 26-71 years were having transferrin saturation levels above 50% which suggest the possibility for hemochromatosis or other iron overload conditions in the Nigeria population.

### **WHAT HAPPENS IN THE BODY?**

Hemochromatosis is a genetic malfunction, (often due to a mutation in the HFE gene, especially C282Y) that causes the body to make too little hepcidin, leading to too much iron being absorbed and stored, which can harm organs over time. The result then becomes that the gut absorbs too much iron, leading to it's deposition in vital organs like the liver, pancreas, heart, skin, joints, and pituitary which then causes a degradation of ones' health.

### **WHAT IS HEPCIDIN?**

Hepcidin is a key hormone made by the liver. Its job is to regulate iron in the body — basically, it tells the body when to stop absorbing iron from food.

But in hemochromatosis:

- The body doesn't make enough hepcidin.
- So, the body keeps absorbing iron, even when it doesn't need it.
- This leads to iron overload.

# Hemochromatosis

## TYPES OF HEMOCHROMATOSIS

There are two main categories of hemochromatosis, with four distinct types based on cause and genetics:

**1. Primary Hemochromatosis (Hereditary):** Is caused by genetic mutations, especially in the HFE gene. It's inherited in an autosomal recessive pattern. and has 4 distinct types based on their cause and genetics, these types are;

**Type 1: Classic Hereditary Hemochromatosis** - the gene responsible for this type of hemochromatosis is the HFE gene (C282Y and H63D mutations) and the onset for manifestation is in adulthood frequently in men of ages 40s–60s and women after menopause (Once menstruation stops, women no longer lose iron monthly. So, iron starts to accumulate more, and the symptoms of hemochromatosis often appear later in life, especially after menopause) . It is the most common form of hemochromatosis among the people of Northern European descent.

**Type 2: Juvenile Hemochromatosis** - This is more severe than the classic hereditary hemochromatosis such that it causes heart and endocrine complications at the early onset in adolescence or early 20s, the genes responsible are HJV (Type 2A) or HAMP (Type 2B).

**Type 3: TFR2-related Hemochromatosis** -is an autosomal recessive transferrin receptor 2 (TFR2) gene that is inherited and is similar to type one but is more rare in terms of prevalence.

**Type 4: Ferroportin Disease (Autosomal Dominant)** - this type is different from other types because not only is it autosomal dominant, it builds up iron in the macrophages rather than liver cells. The gene Involved is the ferroportin gene (SLC40A1) and the beginning of this disease.

**2. Secondary Hemochromatosis (Acquired):** This type of hemochromatosis is not inherited but caused by external factors like:

- Frequent blood transfusions (e.g., in thalassemia or sickle cell disease) Iron-loading anemias
- Chronic liver disease (alcoholic liver disease, hepatitis)

## SIGNS AND SYMPTOMS

Symptoms typically begin to manifest in men who are in their 40s-60s when the dangers of all the accumulated iron starts to manifest, however, the men experience these signs and symptoms faster than women because women lose blood due to their menstrual cycle thereby making it harder for the women to experience those symptoms until after menopause when they can no longer lose iron through pregnancy and menstruation.

The early symptoms listed below are unclear in such a way that they could be mistaken for other conditions, hence they are not specific and do not make it easy to be diagnosed with hemochromatosis:

- Tiredness, weakness or fatigue
- Pain (especially joints in the hands like the fingers and knuckles)
- Abdominal discomfort or pain.
- Untraced weight loss

The symptoms that appear as the iron accumulation becomes an overload while still being undiagnosed are:

- Liver cirrhosis, Liver failure, Liver cancer or liver enlargement (hepatomegaly).
- Diabetes Mellitus as a result of the damage done to the pancreas which is the organ responsible for regulating insulin.
- Cardiomyopathy, arrhythmias, and heart failure .
- Arthropathy, especially in knees and hands.

# Hemochromatosis

- Skin discoloration (gray or bronze pigmentation). hypogonadism (Adrenal gland dysfunction).

- Early menopause in women
- Erectile dysfunction/Testicular atrophy in men.

## TESTING AND DIAGNOSIS

There are a few key tests that are necessary for diagnosing patients with hemochromatosis and they are:

1. **Transferrin saturation (TSAT) and serum ferritin:** Consistently high levels are an indicator of hemochromatosis.
2. Genetic testing for HFE C282Y and H63D.
3. MRI-based iron quantification can be carried out.
4. **Liver biopsy:** Taking a tissue from the liver to be observed under the microscope.

Screening guidelines such as the United States Preventive Services Task Force (USPSTF) do not recommend universal genetic screening for the general population, it is however, recommended for first-degree relatives, patients with elevated iron tests, chronic liver disease, type 1 diabetes, or early arthritis.

## TREATMENT

The treatment for Hemochromatosis is quite straight forward and simple:

1. **The surgical opening or puncture of the vein** to draw blood or introduce a fluid (phlebotomy) is the main treatment, the typical goal is to reduce the iron overload levels in the blood through this means and the average acceptable levels of ferritin is 50– 100 µg/L, weekly until reached, then maintenance every few months.
2. **Chelation therapy (e.g., deferoxamine):** If blood draws aren't possible, the chelation therapy is then introduced.

Early treatment prevents organ damage and improves survival in which the heart and liver damage may partly reverse.

**3. Rare liver transplantation** (<1% of transplants) in advanced cases where the liver is damaged due to iron overload.

## PREVENTION

1. **Family screening:** Test siblings, children because early detection is key .
2. **Specific lab testing:** Check Transferrin Saturation (TSAT) and ferritin in those with fatigue, liver enzyme abnormalities, cardiomyopathy, arthritis, or early sexual dysfunction.
3. **Awareness campaigns:** To educate the masses about this disease thereby preventing future complications.
4. **Primary care awareness:** Use predictive tools to flag repeated lab requests before diagnosis.
5. **Excessive iron intake:** Health professionals should limit the casual prescription of additional iron intake to prevent second hemochromatosis from developing and also to prevent more complications for those with primary hemochromatosis.
6. **Alcohol:** The excessive intake of alcohol increases iron absorption and causes complications to the liver, so therefore, limiting alcohol intake is important to preventing hemochromatosis.
7. **Dietary iron and vitamin C:** limiting the intake of iron and vitamin c from ones diet will prevent complications in diagnosed patients.

## CONCLUSION

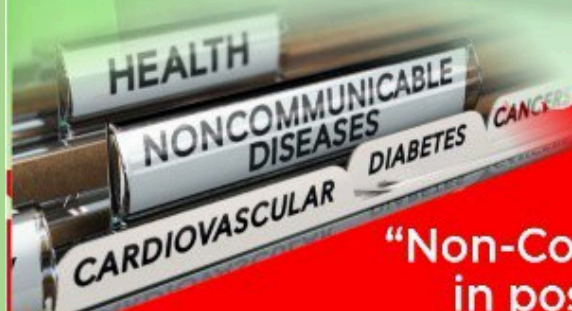
The needs for awareness campaigns are crucial, to catch cases before they harm the heart, liver, or pancreas leading to more complications to the body.





# NIGERIAN ASSOCIATION OF FOREIGN TRAINED PHARMACISTS

## 7<sup>th</sup> Annual International Conference



Theme:

**“Non-Communicable Diseases  
in post-pandemic world:  
NIGERIA’S  
PERSPECTIVE AND HOW TO MITIGATE  
DISEASES’ RAMIFICATIONS.”**

**Date:**  
**Thursday October 9th  
through Saturday 11th, 2025**

**Venue:**  
**Watercress Hotel,  
Ikeja Lagos**

### REGISTRATION FEE

**Members**  
**₦ 30,000**

**Non-Members**  
**₦ 50,000**

**Undergraduates/Students -**  
**₦ 15,000**



### ACCOUNT DETAILS

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A stylized illustration of a human hand in shades of blue. The joints of the fingers and the wrist are highlighted with glowing orange and yellow colors, indicating inflammation or pain. The background is a gradient of blue and teal.

## *Juvenile Arthritis – When Childhood Meets Chronic Pain*

“While other kids were playing football, I was learning how to walk again. The pain was my shadow. But now, I’m stronger than I ever thought possible.”

— Chinedu, 11, diagnosed with Juvenile Idiopathic Arthritis (JIA) at age 6

We often associate arthritis with aging. Grandparents with stiff joints. Elderly people struggling with movement. But imagine being five years old and waking up every morning with joint pain, swollen fingers, and difficulty running around with friends. That's the reality for thousands of children living with **Juvenile Idiopathic Arthritis (JIA)**.

This isn't just growing pains.

It's a real condition.

And it's often misunderstood, misdiagnosed, and underreported especially in Africa.

### *What is Juvenile Idiopathic Arthritis?*

**Juvenile Idiopathic Arthritis (JIA)** is a group of autoimmune diseases that cause chronic joint inflammation in children under 16. The immune system mistakenly attacks the body's own tissues, leading to persistent pain, swelling, and stiffness.

There are several subtypes, including:

- **Oligoarticular JIA:** Affects 1–4 joints (most common)
- **Polyarticular JIA:** Affects 5+ joints (can resemble adult RA)
- **Systemic JIA:** Includes fever and rash
- **Enthesitis-related JIA:** Pain at tendon and ligament attachments

### *Symptoms to Watch For*

- Swelling in one or more joints
- Persistent joint stiffness, especially in the morning
- Limping or limited use of a limb
- Fatigue, irritability, or unexplained fevers
- Slow growth or uneven limb development



# Juvenile Arthritis

**Note:** In many cases, the pain is not dramatic — it's quiet, sneaky, and gets misinterpreted as laziness or "just being moody."

## What causes it?

The exact cause is unknown, but genetic factors and immune system dysfunction play key roles. Environmental triggers such as infections may set off the autoimmune response.

## The Silent Struggle

JA is often overlooked or misdiagnosed. Children may be dismissed as clumsy, lazy, or exaggerating. In reality, they're fighting a war within their joints — sometimes in silence.

And the emotional toll is immense:

- Missed school and social isolation
- Mental health struggles like anxiety and depression
- Difficulty participating in physical activities or sports
- Constant medical visits and treatments

## Diagnosis, Treatment & Management

In Nigeria and many low-resource settings, diagnosis is delayed due to:

- Lack of awareness
- Limited access to pediatric rheumatologists
- Stigma surrounding childhood disability

**Management Includes:**

While there's no cure, many children go into remission with appropriate care.

- ◆ Medications: NSAIDs, DMARDs (e.g., methotrexate), and sometimes biologics
- ◆ Physical therapy: To maintain flexibility and strength
- ◆ Nutrition and psychosocial support

## Why early diagnosis Matter

The earlier JA is caught, the better the chances of preventing joint damage and long-term disability.

Pharmacists and healthcare workers play a vital role in:

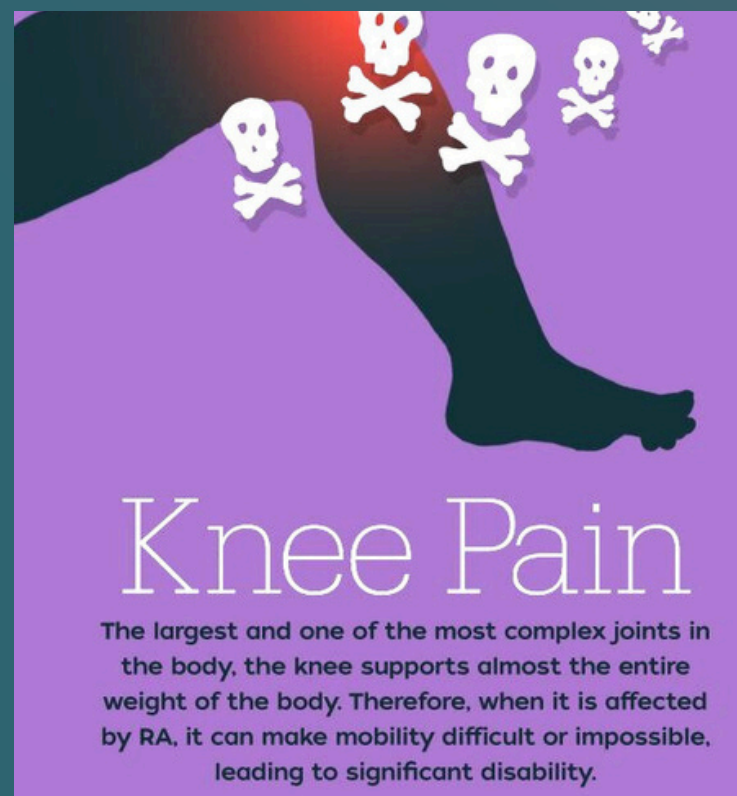
- Recognizing red flags in children
- Referring caregivers to pediatric rheumatologists
- Supporting medication adherence and pain management
- Educating families about lifestyle modifications and nutrition

## Let's talk Mental Health

Children with chronic pain often face:

- Social isolation
- Missed school and developmental delays
- Emotional strain on families
- Depression and anxiety

Empathy and early support can change outcomes. It's not just about joints; it's about lives.





# CLEFT AND CRANIOFACIAL AWARENESS AND PREVENTION

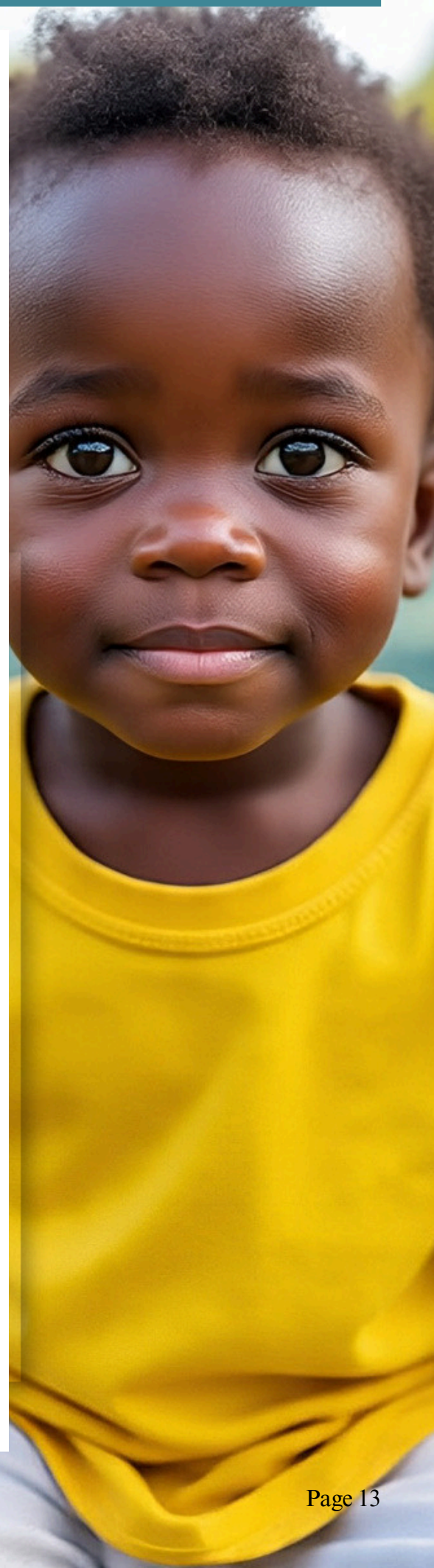
Each year, thousands of babies are born with cleft lip, cleft palate, or other craniofacial conditions such that 1 in every 700 babies globally is born with a cleft lip and/or palate. This condition in certain ethnic groups, for instance the Asian and Native American populations tend to have higher rates than African or European populations. These conditions do not only impact appearance, but important functions like eating, breathing, hearing, and even speaking. While medical and technological growth have amassed highly effective treatment, awareness and prevention still remain the golden key to reducing their occurrence and ensuring timely intervention, which is why we are making sure that the public is aware of such conditions as they should in order to make sure that it doesn't become a bigger problem in the future.

## CLEFT AND CRANIOFACIAL CONDITIONS

Craniofacial conditions is an umbrella term to which cleft fall under it, they are abnormalities that cause certain deformities in the growth of the head and facial bones. Among which the most common are:

**Cleft lip:** A physical separation of the two sides of the upper lip. It can be a small notch or extend into the nose.

**Cleft palate:** An opening in the roof of the mouth (palate) where the two sides did not merge during fetal development.



# Cleft and Craniofacial Awareness

A cleft palate happens if the tissue that makes up the roof of the mouth does not join together completely during pregnancy.  
-CDC



Both cleft lip and cleft palate can happen to a person individually or together where their severity may not be the same in some cases.

## OTHER CRANIOFACIAL CONDITIONS

There are other craniofacial conditions aside cleft with more damaging effects to the human face and they are:

**Craniosynostosis:** Premature fusion of skull bones.

**Hemifacial microsomia:** Underdevelopment of one side of the face.

**Pierre Robin sequence:** A combination of small jaw, cleft palate, and a tongue positioned further back than normal.

## CAUSES

Cleft and craniofacial conditions are typically a mixture of genetic factors which are congenital and environmental factors, present at birth.

## RISK FACTORS

There are certain things that put the fetus at the risk of developing craniofacial conditions, they are:

- 1. Genetic Influences** such as a family history of cleft conditions and some syndromic associations (e.g., Van der Woude Syndrome) are risk factors that can cause an unborn child to develop this condition.
- 2. Environmental risk factors** such as air pollutants, certain chemicals and pesticides may play a role in affecting the fetus during pregnancy.
- 3. Substance abuse** during pregnancy such as smoking and alcohol can increase the risk of craniofacial conditions.
- 4. Nutritional Deficiencies:** Deficiencies in vitamin B9 (folic acid/folate) during the first trimester of pregnancy is an established risk factor for clefts.
- 5. Maternal Age:** Women who give birth at a very young age and older women over the age of 35 are a higher risk of having a child or children with cleft.
- 6. Medications:** certain prescribed medications such as some anticonvulsants, methotrexate, some acne medications like isotretinoin have teratogenic effects on the fetal development thereby increasing the risk of cleft.
- 7. Maternal Health:** conditions like type 1 and type 2 diabetes during pregnancy, even gestational diabetes are associated to a high risk of clefts.



# *Cleft and Craniofacial Awareness*

## **DIAGNOSIS**

**Prenatal (before birth):** A lot of clefts can be identified through routine ultrasound by 20 weeks of gestation.

**Postnatal (after birth):** It is confirmed through physical examinations and additional imaging if needed.

## **TREATMENT**

Treatment typically involves a multidisciplinary team including pediatricians, surgeons, speech therapists, orthodontists, audiologists, and psychologists because the children with cleft conditions mostly face challenges like: Feeding difficulties, speech and hearing problems, dental and orthodontic issues with social and emotional impact due to appearance or stigma.

### **1. Surgical Interventions** such as:

Cleft lip repair: Often performed between 3–6 months of age. Cleft palate repair: Typically between 9–18 months.

**2. Follow-up surgeries:** May be required for aesthetics, speech improvement, or jaw alignment.

**3. Speech Therapy:** Essential to help children develop clear and functional speech post- surgery.

**4. Dental and Orthodontic Care:** Children often need braces or jaw surgery as they grow.

**5. Psychological Support:** Body image, speech issues, and social stigma can affect confidence and mental health.

## **PREVENTION**

While not all craniofacial anomalies are preventable, certain proactive steps can reduce the risk:

■ Take folic acid: 400–800 micrograms daily before and during pregnancy. Avoid harmful substances: No smoking, alcohol, or unapproved medications.

■ Get regular prenatal checkups: Monitor fetal development and receive professional guidance.

■ Genetic Counseling: If there's a family history of cleft or craniofacial syndromes, consult a genetic counselor before pregnancy.

■ Maintain a balanced diet rich in folate, iron, and other essential nutrients. Avoid exposure to toxins or infections, especially in the first trimester.

## **AWARENESS**

Thanks to modern medicine, most children with cleft conditions can lead healthy, fulfilling lives. Early intervention and continuous support are important. Many organizations offer help such as Smile Train, Operation Smile, Cleft Palate Foundation, FACES (The National Craniofacial Association). These groups provide surgery, resources, and community support to families around the world.

## **CONCLUSION**

Awareness leads to early diagnosis, timely treatment, and greater social acceptance. It also drives funding for research, helps families find resources, and promotes healthier pregnancies. Cleft and craniofacial conditions are common but treatable of which early intervention leads to better outcomes. Preventive measures such as those listed about are important to having healthy babies that are free from such conditions.



# Group B Strep in Pregnancy & Beyond



**Group B strep isn't usually harmful to mothers, but it can threaten their baby**

## *“Protecting Two Lives, One Test at a Time”*

“It’s just bacteria,” they said. But for Sarah, it was almost tragedy.

When Sarah found out she was pregnant with her first child, she did everything by the book: prenatal vitamins, birthing classes, check-ups like clockwork. So, when her doctor mentioned something called

“**Group B Strep**” during a routine visit, she barely blinked. “*It’s common*,” they said. “*Nothing to worry about*.” And she was not sick so why did it matter?

That’s the tricky part the nurse said, GBS doesn’t cause symptoms in the mother. You feel fine. You are fine. But if untreated, about 1–2% of babies born to GBS-positive mothers develop early-onset GBS disease. And of those, a fraction may not survive or may suffer long-term effects. Hearing this made her stop mid-nursery decorating and start goggling.

The more she read, the more she realized that the bacteria were a big deal. But here’s the catch: *it’s also highly preventable*.

## **What is Group B Strep?**

Group B Streptococcus is a type of bacteria that lives naturally in the gastrointestinal and genital tracts. Unlike its distant cousin, Group A Streptococcus (the one behind strep throat), GBS doesn’t usually make its host sick. GBS is a commensal organism in many adults, meaning it can exist without causing harm. However, in certain vulnerable populations—especially neonates (newborns), pregnant women, the elderly, and immunocompromised individuals—it can cause serious infections.

During pregnancy, GBS can become an uninvited guest that causes serious problems, especially for newborns. When a GBS-positive woman goes into labor, the bacteria can pass to her baby, potentially leading to life-threatening infections like sepsis, pneumonia, or meningitis.

# Group B Strep in Pregnancy & Beyond

NAFTraPh Digest

Infection, Inflammation & Insights

## The Hidden Risk: How GBS Affects Newborns

Babies can contract GBS in two ways:

**1. Early-onset GBS disease (EOGBS):** Occurs within the first 7 days of life usually within hours of birth. This is the most common and dangerous form, often leading to sepsis or respiratory issues.

**2. Late-onset GBS disease (LOGBS):** Develops from 1 week to 3 months of age. It's rarer, and its exact source is harder to trace.

Although these infections are rare— thanks in part to screening and antibiotics they remain a leading cause of newborn infection-related deaths worldwide.

## The Science of Screening (and Why It Matters)

*“It’s just part of the routine,”* the nurse said. And it was. A swab test at 36 weeks, nothing out of the ordinary. But two days later, she got a call. *“Hi, it’s the clinic. Your Group B Strep test came back positive.”* Her heart skipped. **Group what?**

She was already knee deep in prenatal books and baby prep. She knew how many blankets she needed and what to pack in my hospital bag but not a single baby book had warned her about this.

That day, she met **Group B Streptococcus** for the first time.

When she arrived at the hospital in labour, one of the first things they did was hook her up to an IV for penicillin. That’s it. No drama. No fuss. The antibiotics didn’t hurt. They just quietly did their job while she focused on breathing through contractions.

## Prevention: The Modern Approach

Between 35 and 37 weeks of pregnancy, a simple swab test checks for GBS. If positive, doctors will typically administer intravenous antibiotics during labor usually penicillin or a close alternative.

These antibiotics don’t treat the mother’s colonization they’re used to prevent the baby from being exposed during the birthing process.

**The result?** A dramatic drop in newborn GBS infections. In fact, in countries where screening is routine, early-onset GBS disease has decreased by up to 80%.

## Myth-Busting: Things You Might Not Know

Before that screening, she had never heard the truth about Group B Strep. No mom-friend had mentioned it. It was never on the Instagram pregnancy posts she followed. It felt like a secret in plain sight. And yet, it affects millions of pregnant women around the world.

In places without routine screening, GBS still causes tens of thousands of infant deaths each year. Some countries have no testing. Others have no access to IV antibiotics. And there’s still no vaccine—though researchers are working on it.

## So why aren’t we talking about it?

You should know that:

■ It’s not a sexually transmitted infection. ***You don’t “catch” GBS from your partner.*** It’s part of your body’s normal bacterial population.

■ It doesn’t mean you’re unclean. There’s no link between hygiene and GBS colonization. It just happens.

■ You can have it once and not the next time. GBS colonization can come and go, so each pregnancy is tested independently.

# Group B Strep in Pregnancy & Beyond

NAFTraPh Digest

Infection, Inflammation & Insights

## Nigeria's Missed Opportunity

In Nigeria and many parts of sub-Saharan Africa, routine GBS screening isn't part of standard prenatal care. This puts thousands of babies at risk.

### What's needed:

- Policy advocacy for GBS screening in antenatal care
- Increased awareness among healthcare providers and pharmacists
- Prenatal education so mothers can ask for GBS testing
- Stronger access to antibiotics during labor when needed

## What's on the Horizon? The Hope for a Vaccine

Imagine a future where a simple vaccine during pregnancy could eliminate GBS risks altogether. Scientists are working on just that. Several GBS vaccines are in clinical trials, aiming to protect both mothers and infants. If successful, this could be a game-changer, especially in low resource settings where access to testing and antibiotics is limited.

## What Pharmacists Can Do

Pharmacists are often the first point of contact for pregnant women buying supplements, antimalarials, or prenatal meds. We can:

- ✓ Educate on GBS risks and symptoms
- ✓ Encourage antenatal GBS screening
- ✓ Promote proper hygiene practices
- ✓ Advocate for institutional policy change in maternal care

***"Two lives. One test. Endless peace of mind."***

Let's make GBS awareness a part of every prenatal conversation in Nigeria.

## The Takeaway: Stay Informed, Stay Prepared

Group B Strep may not be a household name, it might not be the headline-grabbing infection of the year but for expectant parents, awareness can make all the difference, it can save lives. If you're pregnant or planning to be, talk to your healthcare provider about GBS. Ask about screening, and if you're positive, understand your options.

Because when it comes to your baby's health, even the quietest hitchhiker deserves your attention.

This is one of the simplest, most effective things you can do for your baby.

## Sarah's Story, Rewritten

Her baby boy was born healthy, pink, and strong his first cry echoing through the delivery room like a song.

Thanks to a simple swab and timely antibiotics, GBS didn't get a chance to change our story.

Today, Sarah's son is a happy, healthy toddler. She shares her story to raise awareness because if she hadn't acted fast, things could've turned out differently.

**"I wish I'd asked more questions," she says. "I wish I'd known how serious GBS could be. Thanks to the healthcare team for creating this awareness."**

***Now, you do.***

## CONCLUSION

Group B Streptococcus is a fascinating example of how a normally harmless bacterium can become a deadly pathogen in the right (or wrong) circumstances. While GBS infections are preventable and treatable, they remain a significant global health challenge especially in settings without access to screening and antibiotics. Ongoing research and improved awareness are vital to reducing the burden of disease.

Stay informed. Ask questions. Protect your baby one simple swab at a time.



# VISION MATTERS

## YOUR ULTIMATE GUIDE TO HEALTHY VISION

*“I thought my eyes were fine—until they weren’t.” That’s what Lara, a 38-year-old designer, said after a routine eye check turned up early signs of glaucoma. “I wasn’t seeing double or anything dramatic. But I had dry eyes and occasional headaches. I thought it was just screen time.” Turns out, her eyes were trying to send a message—and she almost missed it. In today’s screen-heavy, sleep-light, ultra-busy world, our eyes are constantly under pressure. But unlike a sore back or a cough, eye problems often sneak up on us quietly. By the time you notice, the damage may already be done.*

*Let’s change that.*

### Imagine a Day Without Sight

**Let’s be honest:** when was the last time you thought about your eyes outside of noticing how tired they look in selfies? We focus so much on skincare, gym routines, even mental wellness, but our eyes, the tools we use to read, scroll, binge, work, drive, and admire sunsets? Often ignored.

Here’s your wake-up call: good vision doesn’t last forever unless you work for it. And don’t worry, we’re not here to lecture. This is your fun, realistic guide to keeping your vision sharp, your eyes comfy, and your future self saying, **“Thank you!”**

Close your eyes for just a minute. Now try to walk across the room, read a text, or pour a glass of water. Difficult, right?

Vision is something we often take for granted—until it’s compromised. But here’s the truth: your eyes need care and attention, just like the rest of your body. Whether you’re glued to your phone screen, squinting at spreadsheets or binge-watching your favourite series, your eyes are working overtime.

And they deserve a break. Let’s take a journey into the world of eye health and discover how to protect the precious gift of sight.

### The Window to Your Health

Your eyes are basically Olympic athletes: constantly tracking, adjusting, focusing, blinking (about 15–20 times per minute, by the way), and processing information.

Add in 10+ hours a day of screen time, late nights, and skipped veggies, and it’s no wonder they’re tired, red, or blurry by evening.

Your eyes do more than help you see—they offer a glimpse into your overall well-being. In fact, during a routine eye exam, optometrists can detect signs of diabetes, high blood pressure, autoimmune diseases, and even brain tumors.

Eye health is whole-body health. So, taking care of your vision isn’t just about avoiding glasses it’s about living better, longer.

## Feed Your Eyes Right

They say you are what you eat—and your eyes agree. Certain nutrients are proven to help long-term eye health and prevent age-related vision loss.

### Vision-Boosting Nutrients:

- **Vitamin A:** Keeps your cornea clear. Found in carrots, sweet potatoes, and leafy greens.
- **Lutein & Zeaxanthin:** Protect the retina from harmful light. Found in spinach, kale, and egg yolks.
- **Omega-3 fatty acids:** Reduce dry eye and support retina function. Found in salmon, flaxseed and walnuts.
- **Vitamin C & E:** Fight oxidative stress. Found in citrus fruits, almonds, and bell peppers.
- **Zinc:** Supports night vision. Found in oysters, beef, and pumpkin seeds.

### Pro tip:

*Colorful foods = powerful protection. A rainbow plate does wonders for your eyes.*

## Digital Eye Strain Is Real—And Rising

If your eyes feel tired, dry, or blurry after a day of screen time, you're not alone. If you spend 6+ hours a day staring at a screen (*hint: that's most of us*), your eyes are paying the price.

*Digital eye strain (also called computer vision syndrome)* is the modern curse of our tech-loving lives.

## How to fight back:

- **Follow the 20-20-20 Rule:** Every 20 minutes, look at something 20 feet away for 20 seconds.
- Adjust screen brightness and contrast.
- Blink more often (you blink less when staring at screens).
- Use blue light filters or glasses.
- Keep screens an arm's length away.

## Protect Your Eyes Like You Protect Your Skin

UV rays aren't just bad for your skin they can damage your eyes too. Prolonged exposure can lead to cataracts, macular degeneration, and even eye cancer. Whenever you're outside (yes, even on cloudy days):

- Wear 100% UV-blocking sunglasses.
- Add a wide-brimmed hat for extra shade.

## Routine Eye Exams: More Than Just a Glasses Check

You don't need blurry vision to book an eye exam. In fact, many eye diseases develop silently, with no early symptoms. Regular checkups can detect:

- Glaucoma (the "silent thief of sight")
- Cataracts
- Macular degeneration
- Diabetic retinopathy

### Eye exam schedule:

- **Children:** First exam by age 1, again before school, then every 1–2 years.
- **Adults (18–60):** Every 2 years (yearly if at risk).
- **Adults 61+:** Every year.

## The Small Stuff Matters: Daily Eye Care Tips

- Remove makeup before bed (avoid clogged glands and infections).
- Never share eye drops or cosmetics.
- Use protective goggles during sports, yard work, or DIY projects.
- Stay hydrated—your eyes need moisture too!

## Family History Counts

Some eye conditions are hereditary. If mom had glaucoma or grandpa lost vision to macular degeneration, you could be at higher risk. Share your family history with your eye doctor—it could guide earlier intervention.

## Stress Less, Sleep More

Poor sleep and high stress don't just affect your mood, they can dry your eyes, blur your vision, and trigger eyelid spasms. Prioritize rest, take screen breaks, and give your eyes time to recharge.

Use a cool, damp cloth over your eyes for 5 minutes before bed — it reduces puffiness and boosts circulation.

## The Bottom Line: Eyes Deserve a Starring Role in Your Health Routine

- ◆ Close your eyes right now for 30 seconds.
- ◆ Breathe. Relax your forehead. Let your gaze soften when you open them again.

### *Feels good, doesn't it?*

That's your sign to start giving your eyes the same attention you give your skincare, workouts, and smoothies. Think of your eyes as your body's built-in

camera. They frame every memory, every face, every sunset. So don't wait for vision problems to start taking care of them. **Take action now:**

- ◆ Eat right.
- ◆ Get screened.
- ◆ Protect from sun and screens.
- ◆ Rest them well.

## A Pharmacist's Role in Vision Health

While pharmacists are not eye specialists, we are first-line educators and health behavior influencers.

We can:

- ✓ Counsel on the importance of regular eye checks
- ✓ Recommend artificial tears and screen-protection solutions
- ✓ Educate patients on eye-friendly lifestyle habits
- ✓ Watch out for signs of drug-induced visual changes (e.g., chloroquine retinopathy)

## Public Health Insight

In Nigeria, where regular eye screening isn't commonplace, vision issues often go undetected until it's too late. Children are misdiagnosed with learning disorders instead of vision problems. Adults attribute vision changes to "age" instead of cumulative screen strain.

**Because seeing the world clearly is one of life's greatest privileges—and one worth preserving.**

**Your future self will thank you for seeing this coming.**





# Brain Health for All



*It began with a forgotten name...*

She stood there, staring at the face she had seen a thousand times before, the same man who had tucked her into bed every night for over 40 years. His eyes welled with tears as he whispered her name: “Martha.” But she did not respond. She looked at him, confused, as if he were a stranger who had just walked in from the street.

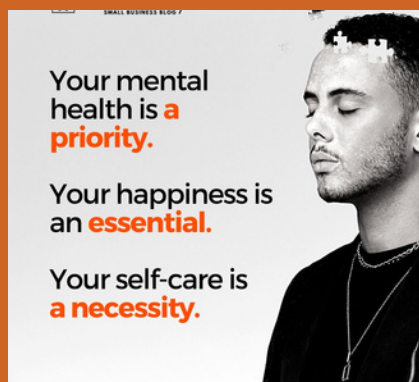
Martha had Alzheimer's disease. A once-brilliant literature professor, known for quoting Shakespeare by heart and mentoring countless students, now struggled to remember her husband. It wasn't her heart that failed her, nor her lungs,- it was her brain, the very organ that once held her memories, her wisdom, her soul.

That day, her family learned a painful truth: when the brain suffers, the whole person suffers.

## *Understanding the Brain: The Human Control Tower*

The human brain is the most complex and vital organ in the body, a three-pound universe of 86 billion neurons coordinating everything from heartbeat and breathing to thoughts, dreams, emotions, and creativity. It is our memory box, command center, and emotional compass.

Without a healthy brain, nothing else in the body functions as it should. And yet, brain health is one of the most overlooked aspects of general well-being.



*Maximize your brain health and Unleash your inner Einstein*

# Brain Health for All

NAFTraPh Digest

Infection, Inflammation & Insights

- Eat brain-boosting foods
- Exercise regularly
- Get enough sleep
- Do puzzles & games
- Manage stress

## Disorders of the Brain: A Silent Epidemic

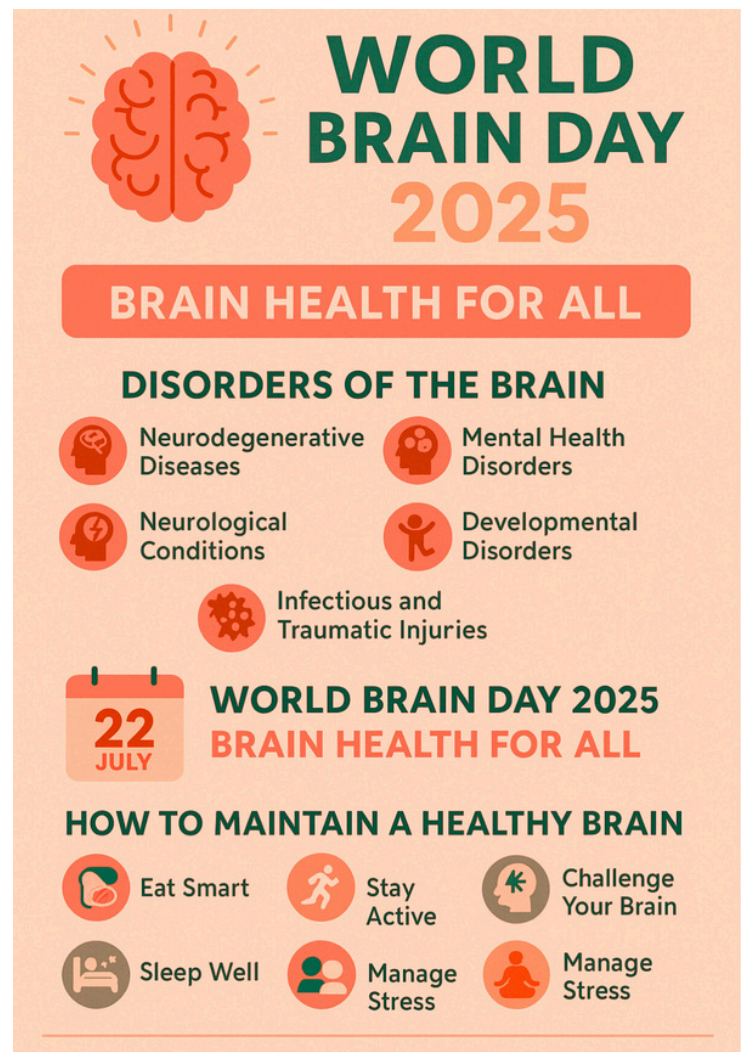
Brain disorders come in many forms, affecting people of all ages and backgrounds. These include:

1. **Neurodegenerative Diseases:** Alzheimer's, Parkinson's, Huntington's disease
2. **Mental Health Disorders:** Depression, anxiety, bipolar disorder, schizophrenia
3. **Neurological Conditions:** Epilepsy, stroke, multiple sclerosis, brain tumors
4. **Developmental Disorders:** Autism spectrum disorder, ADHD, cerebral palsy
5. **Infectious and Traumatic Injuries:** Meningitis, traumatic brain injury (TBI), encephalitis

Each of these conditions disrupts the delicate balance of brain function, often silently, until the damage becomes visible in how we talk, think, feel, and live

## Brain Health is Not a Luxury, It is a Right

Despite its importance, many people still lack access to neurologists, mental health services, proper diagnosis, treatment, or even basic understanding of how to protect their brain health. In rural and underserved communities, the problem is even more critical



**WORLD BRAIN DAY 2025**

**BRAIN HEALTH FOR ALL**

**DISORDERS OF THE BRAIN**

- Neurodegenerative Diseases
- Mental Health Disorders
- Neurological Conditions
- Developmental Disorders
- Infectious and Traumatic Injuries

**22 JULY** **WORLD BRAIN DAY 2025**  
**BRAIN HEALTH FOR ALL**

**HOW TO MAINTAIN A HEALTHY BRAIN**

- Eat Smart
- Stay Active
- Challenge Your Brain
- Sleep Well
- Manage Stress
- Manage Stress

Every year on **July 22**, the World Federation of Neurology celebrates World Brain Day, and this year's theme, **"Brain Health for All"**, is a global wake-up call.

It emphasizes inclusiveness, accessibility, and awareness, a call to bridge the gaps in healthcare, reduce stigma around brain-related conditions, and ensure everyone, regardless of age, race, income, or location, has the tools and support they need to maintain brain health.

**World Brain Day 2025 urges individuals, healthcare systems, and governments to prioritize:**

1. **Early diagnosis**
2. **Affordable treatments**
3. **Public education**
4. **Research funding**
5. **Community support services**



# Brain Health for All

NAFTraPh Digest

Infection, Inflammation & Insights

## How to maintain a healthy Brain

The good news? Much of our brain health is within our control. Here's how you can care for your brain every day:

- ✓ **Eat Smart:** Foods rich in omega-3 fatty acids, antioxidants, and vitamins (like berries, nuts, fish, leafy greens) nourish the brain.
- ✓ **Stay Active:** Regular physical activity increases blood flow to the brain and reduces risk of stroke and dementia.
- ✓ **Sleep Well:** Quality sleep clears toxins from the brain and supports memory and emotional balance.
- ✓ **Challenge Your Brain:** Reading, learning new skills, puzzles, or playing instruments helps keep the brain sharp.
- ✓ **Connect Socially:** Human connection protects against cognitive decline and mental illness.
- ✓ **Avoid Harmful Habits:** Smoking, excessive alcohol, and substance abuse can damage brain cells.
- ✓ **Manage Stress:** Chronic stress shrinks brain structures responsible for memory and decision-making. Practice mindfulness, deep breathing, or spiritual reflection.
- ✓ **Seek Help Early:** Don't ignore mental health issues, persistent headaches, memory loss, or other brain-related symptoms

## Let's talk about it

Too many people suffer in silence, ashamed to admit they're forgetting things, afraid of stigma around mental health, unaware that their symptoms are treatable. Let World Brain Day 2025 be a turning point.

Let us start conversations, break myths, support patients and caregivers, and push for change in policies and systems.

## A Global Responsibility

Brain health is not a solo journey, it's a community and global effort. It's time to work together:

- 👩‍⚕️ **Health Professionals:** Stay up to date, screen early, and advocate.
- 🏛️ **Policymakers:** Fund brain health programs and expand access.
- 📢 **Media & Influencers:** Use your platforms to spread awareness.
- 👥 **You and Me:** Check in on one another. Know the signs. Care enough to act.

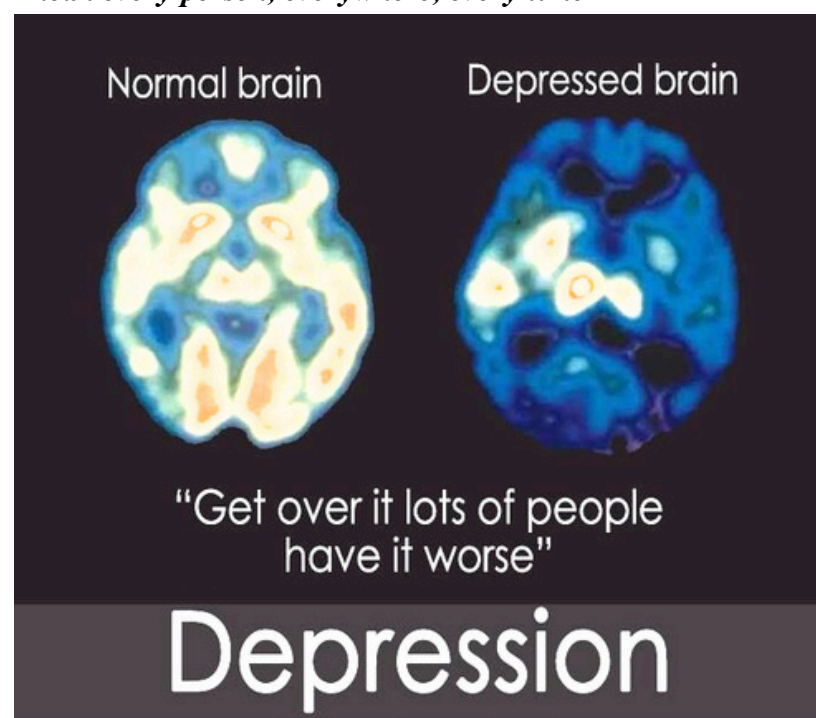
## Final Words

Martha's story is not unique. It's a reflection of millions of families across the world affected by brain disorders, many of which are preventable or treatable if caught early.

This World Brain Day 2025, let's honor their journeys and light a torch of hope, health, and healing.

Because when the brain is well, the whole person thrives.

*And when we say "Brain Health for All", we mean every person, everywhere, every time*





# SARCOMA AWARENESS – THE UNDERESTIMATED ENEMY



*“I thought it was just a lump in my leg from a minor fall. Six months later, I was told it was cancer.”*

— Olu, 28, Sarcoma Survivor

When people hear “cancer,” their minds often go to the most commonly spoken names — breast, prostate, lung. But there’s a lesser-known group of cancers silently growing in bones, muscles, and soft tissues — sarcomas.

They are rare. They are aggressive.

And they are often misdiagnosed.

July is Sarcoma Awareness Month, and it’s time to shine a spotlight on this hidden enemy.

## What is Sarcoma?

Sarcomas are a diverse group of cancers that arise in the connective tissues — bones, muscles, fat, blood vessels, tendons, and cartilage. Unlike carcinomas (which begin in organs), sarcomas affect support structures of the body.

**Sarcoma = Cancer of connective tissue.** That means it can arise from:

1. **Bone** (osteosarcoma, Ewing sarcoma)
2. **Fat** (liposarcoma)
3. **Muscle** (leiomyosarcoma, rhabdomyosarcoma)
4. **Blood vessels** (angiosarcoma)
5. **Nerves** (malignant peripheral nerve sheath tumors)
6. **Cartilage** (chondrosarcoma)

There are over 70 subtypes. It doesn’t play by the rules.

## Why It’s Often Missed

Sarcomas are rare, making up only 1% of adult cancers but 15% of childhood cancers. They often begin as painless lumps or unexplained swelling, leading to late detection and misdiagnoses.

! In many cases, sarcomas are mistaken for sports injuries, benign cysts, or muscle pulls until they’ve grown significantly or spread.

# Sarcoma Awareness

## What Causes Sarcoma?

The exact cause is unknown, but risk factors include:

- Genetic conditions (e.g., Li-Fraumeni syndrome)
- Radiation exposure
- Chemical exposures (e.g., herbicides, arsenic)
- Chronic swelling or tissue damage

## Warning Signs Not to Ignore

- Persistent or growing lumps anywhere in the body
- Pain in bones or muscles, especially at night
- Unexplained swelling or limited movement
- Fatigue, weight loss, or fever (in advanced cases)

## Symptoms: The Silent Creeper

Most sarcomas start painless and that's the trap.

1. A painless lump that grows
2. Swelling or restricted motion
3. Bone pain (worse at night)
4. Unexplained fractures
5. GI bleeding (if it's GIST—gastrointestinal stromal tumor)

If it's a lump, and it grows or doesn't go away, it's not **“just a lump.”**

## Why Sarcoma Is Misdiagnosed or Missed

1. **Rarity in perception, not incidence:** General physicians and even some oncologists don't often see it. Most soft-tissue masses are benign, which leads to false reassurance.
2. **Overlap with benign lesions:** Lipomas, hematomas, fibromas. they can all look like sarcoma on a casual scan.
3. **Imaging limitations:** MRIs can miss subtle aggressive features. Biopsy is often delayed.
4. **Lack of centralization:** Sarcoma cases should be referred to specialized centers, but often aren't.

## Diagnosis & Treatment

Early detection is crucial. Diagnostic tools include:

- MRI or CT scans
- Biopsy (critical for subtype identification)
- PET scans (to check for spread)

## MOST COMMON AREA FOR SARCOMA

- Bone
- Muscles
- Tendons
- Cartilage
- Nerves
- Fat and body vessels



Treatment involves a multidisciplinary approach:

- Surgery to remove the tumor
- Radiation therapy to shrink or kill remaining cells
- Chemotherapy in certain subtypes
- Targeted therapy or immunotherapy in advanced cases

## Pharmacist's Role in the Fight Against Sarcoma

While pharmacists may not diagnose sarcomas, we can:

- Recognize unusual medication requests (e.g., post-chemo support)
- Counsel on managing side effects of chemo and radiation
- Provide support for pain, nausea, appetite loss, and emotional well-being
- Help patients and families understand their medications and options

## Real Talk: Sarcoma in Nigeria

Access to sarcoma diagnosis and treatment in many parts of Africa is limited. Delayed detection, poor awareness, and inadequate cancer infrastructure mean many patients don't survive. But change is possible — through education, early recognition, and policy support.

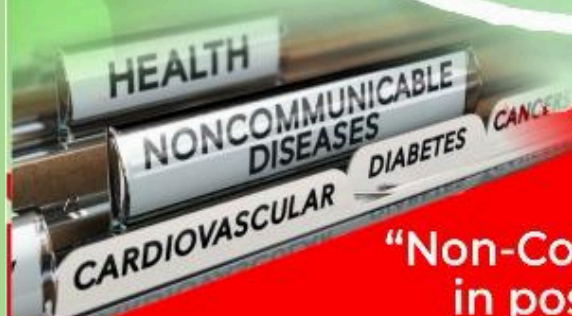
🗣️ ***“It's not just a lump. It could be life-threatening. The more we talk about sarcoma, the more lives we might save.”***





# NIGERIAN ASSOCIATION OF FOREIGN TRAINED PHARMACISTS

## 7<sup>th</sup> Annual International Conference



Theme:

**“Non-Communicable Diseases  
in post-pandemic world:  
NIGERIA’S  
PERSPECTIVE AND HOW TO MITIGATE  
DISEASES’ RAMIFICATIONS.”**

**Date:**  
**Thursday October 9th  
through Saturday 11th, 2025**

**Venue:**  
**Watercress Hotel,  
Ikeja Lagos**

### BROCHURE SUBSCRIPTION:

OUTSIDE BACK- #350,000	INSIDE BACK- #300,000	INSIDE FRONT #300,000	MIDDLE PAGE #300,000	OTHER PAGES #100,000
ON STAGE PRESENTATION- #500,000	PRODUCT PRESENTATION- #500,000	STAND AT CONFERENCE - #400,000		

### ACCOUNT DETAILS

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# Expert's Corner

**Ask the Pharmacist & Public Health Panel – Insights, Answers & Advocacy**

**“Empowered patients ask questions. Empowered pharmacists answer with compassion, knowledge, and impact.”**

Each month, we open the floor to burning health questions from the community — and bring in expert voices to tackle them head-on. This month, in the spirit of July's theme “**Infection, Inflammation & Insight**,” our pharmacists and public health professionals address pressing questions around chronic illness, misunderstood infections, and preventive health.

**? Q1: How can a pharmacist help a patient with chronic hepatitis manage their health beyond just dispensing antivirals?**

**👩 Pharm. Rita A., Clinical Pharmacist (Lagos):**

“Pharmacists are key players in managing chronic hepatitis. We ensure patients understand how to take their medications correctly especially for antivirals like tenofovir and entecavir. But beyond that, we help monitor side effects, support liver-friendly lifestyle changes, and provide vaccinations for co-infections like hepatitis A & B. Education is our superpower.”

**? Q2: I was recently diagnosed with Sjögren's Syndrome. How can I manage the dryness without always relying on medication?**

**💬 Dr. Victor N., Public Health Physician (Abuja):**

“You're not alone. Sjögren's causes extreme dryness of the mouth and eyes due to immune system attack on moisture-producing glands. Alongside medications, using sugar-free lozenges, staying hydrated, wearing wraparound glasses outdoors, and using humidifiers at home can ease symptoms. Remember, managing autoimmune diseases is holistic.”

**📌 Did You Know?**

Sjögren's can take up to 7 years to diagnose because its symptoms often mimic menopause, anxiety, or allergies.

❓ **Q3: How can pharmacists support patients emotionally, especially those with invisible illnesses like lupus, PTSD, or myasthenia gravis?**

💊 **Pharm. Aisha B., Community Pharmacist (Kano):**

“We do more than dispense. Pharmacists are frontline listeners. When someone shares they’re feeling weak or in pain but ‘look fine,’ we validate their experience, educate them, and offer encouragement. We also refer them to mental health support services if needed. Trust built at the counter saves lives.”

💖 **Emotional Intelligence in Pharmacy:**

The most healing medicine sometimes comes from being heard, not just handed a prescription.

**Q4: What’s one infection people underestimate and what can they do to protect themselves?**

🦠 **Dr. Tosin A., Infectious Disease Expert:**

“Cytomegalovirus (CMV) is shockingly common but rarely talked about. It’s harmless to most, but dangerous for pregnant women and immunocompromised people. It spreads via saliva, blood, breast milk, and sex. Prevention? Good hygiene, handwashing, and safer sex practices.”

💖 **Fact Check:**

CMV is the leading cause of congenital infections in newborns. Yet, less than 15% of people in Nigeria have heard about it.

## 💡 Bonus Quickfire Tips from the Panel

Health Tip	Why It Matters
Use SPF daily.	UV damage can worsen autoimmune flares and cause long-term skin problems.
Get your eyes checked annually.	Conditions like cataracts and Sjögren's show early signs in the eye.
Don't ignore fatigue.	It's a common early symptom of many infections and autoimmune disorders.
Ask your pharmacist. Always.	Don't google side effects — we're trained to explain with context.

## ✨ Call to Readers:

Have a burning question for our next Experts' Corner? Send your questions to [info@naftraph.org](mailto:info@naftraph.org) or tag us on social media using [#AskNAFTraPhDigest](https://twitter.com/AskNAFTraPhDigest).

# Health IQ Challenge

**“The best medicine isn’t always in a bottle — sometimes, it’s in knowing the right thing at the right time.”**

This July, we’ve uncovered hidden health battles from hepatitis and juvenile arthritis to UV safety and autoimmune diseases. Now it’s time to put your knowledge to the test in this fun, fact-packed Health IQ Challenge! Whether you’re a student, pharmacist, or health enthusiast — let’s see how well you’ve paid attention to your health!

## QUIZ TIME!

Score yourself out of 15 questions — answers are at the bottom (no peeking!).

**1. Which organ is primarily affected by hepatitis?**

- a) Heart
- b) Kidney
- c) Liver
- d) Brain

**2. Which type of hepatitis is commonly transmitted via contaminated water?**

- a) Hepatitis B
- b) Hepatitis A
- c) Hepatitis C
- d) Hepatitis D

**3. Which of these is a symptom of Sjögren’s syndrome?**

- a) Sudden weight gain
- b) Dry eyes and mouth
- c) Rash on palms
- d) Swollen ankles

**4. UV rays can increase your risk of what type of cancer?**

- a) Sarcoma
- b) Lung cancer
- c) Skin cancer
- d) Breast cancer

**5. What does CMV stand for?**

- a) Cytomegalovirus
- b) Chronic Muscle Vibration
- c) Cervical Meningitis Variant
- d) Common Membrane Virus

**6. Which day is World Hepatitis Day celebrated?**

- a) July 14
- b) July 28
- c) July 1
- d) July 31

**7. What is a common sign of juvenile arthritis?**

- a) High blood pressure
- b) Frequent headaches
- c) Joint stiffness in the morning
- d) Tooth pain

**8. Cataracts affect which part of the eye?**

- a) Retina
- b) Cornea
- c) Lens
- d) Iris

**9. What’s the name of the condition where the spine curves sideways?**

- a) Hemochromatosis
- b) Osteopenia
- c) Scoliosis
- d) Vertigo

**10. Sarcoma is a cancer that starts in...?**

- a) Skin
- b) Bones and soft tissues
- c) Brain
- d) Lungs

**11. Which tool can restart a heart during cardiac arrest?**

- a) Thermometer
- b) Stethoscope
- c) AED
- d) Glucometer

**12. What’s a non-medical way to reduce liver strain?**

- a) Skipping breakfast
- b) Drinking herbal mixtures
- c) Reducing alcohol intake
- d) Avoiding vaccines

**13. Which group is most at risk of Group B Strep complications?**

- a) Teenagers
- b) Newborns
- c) Athletes
- d) Men over 50



# Health IQ Challenge

**14. How can pharmacists help in managing autoimmune diseases?**

- a) Only dispensing drugs
- b) Selling herbal remedies
- c) Offering medication counseling and support
- d) Avoiding immunocompromised patients

**15. What is one simple habit that supports healthy vision?**

- a) Constant screen time
- b) Smoking to relax eyes
- c) Wearing sunglasses with UV protection
- d) Avoiding water

**✓ Answers**

- 1. c) Liver
- 2. b) Hepatitis A
- 3. b) Dry eyes and mouth
- 4. c) Skin cancer
- 5. a) Cytomegalovirus
- 6. b) July 28
- 7. c) Joint stiffness in the morning
- 8. c) Lens
- 9. c) Scoliosis
- 10. b) Bones and soft tissues
- 11. c) AED
- 12. c) Reducing alcohol intake
- 13. b) Newborns
- 14. c) Offering medication counseling and support
- 15. c) Wearing sunglasses with UV protection

**🦋 Your Score Card**

- **13–15 correct:** 🧠 Health Hero – You're ahead of the game! Keep it up!
- **9–12 correct:** 💡 Health Smart – Solid knowledge! You're doing great.
- **5–8 correct:** 🔍 Health Learner – Good start, explore more topics!
- **Below 5:** 📖 Health Explorer – This is your cue to read the Digest again

Tag us **@NAFTraPhDigest** with your score and challenge your friends!

Want more challenges? Email us at [info@naftaph.org](mailto:info@naftaph.org) with your topic ideas for next month's quiz!



# Final Thoughts

## ***“The Invisible Should Never Be Ignored: Advocate, Educate, Empower”***

Beneath the surface of every smile, routine checkup, and daily medication lies a battle someone is fighting — often unseen, often misunderstood, but never without significance.

This edition of **NAFTraPh Digest** has peeled back the layers of silence and stigma surrounding conditions like hepatitis, juvenile arthritis, sarcoma and hemochromatosis. We’ve spotlighted the strength it takes to live with chronic fatigue, hidden infections, and emotional scars that don’t always show up on lab reports.

But more than facts and figures, what matters is what you do next.

👉 Advocate for regular screening.

🧠 Educate your patients, friends, and family.

💬 Speak up for those who can’t find the words.

🛡️ Protect yourself with knowledge — it’s the strongest shield we have.

Every person deserves visibility. Every condition deserves attention. Every pharmacist, public health advocate, and caring human has a role to play.

So as we close this chapter, we leave you with this:

**“Awareness is not a trend — it is a tool. Use it to heal. Use it to help. Use it to hope.”**

Let July be your starting point and may your insight bring healing to the battles yet unseen.





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1. To provide general health education and education on the safe and effective utilization of pharmaceutical products.
2. To provide medication assistance and discounted pharmaceutical products program to enhance affordability and adherence.
3. To promote healthcare-related immunization delivery training certificate program.
4. To provide free vaccines' events, health outreaches and health fairs to the local communities.

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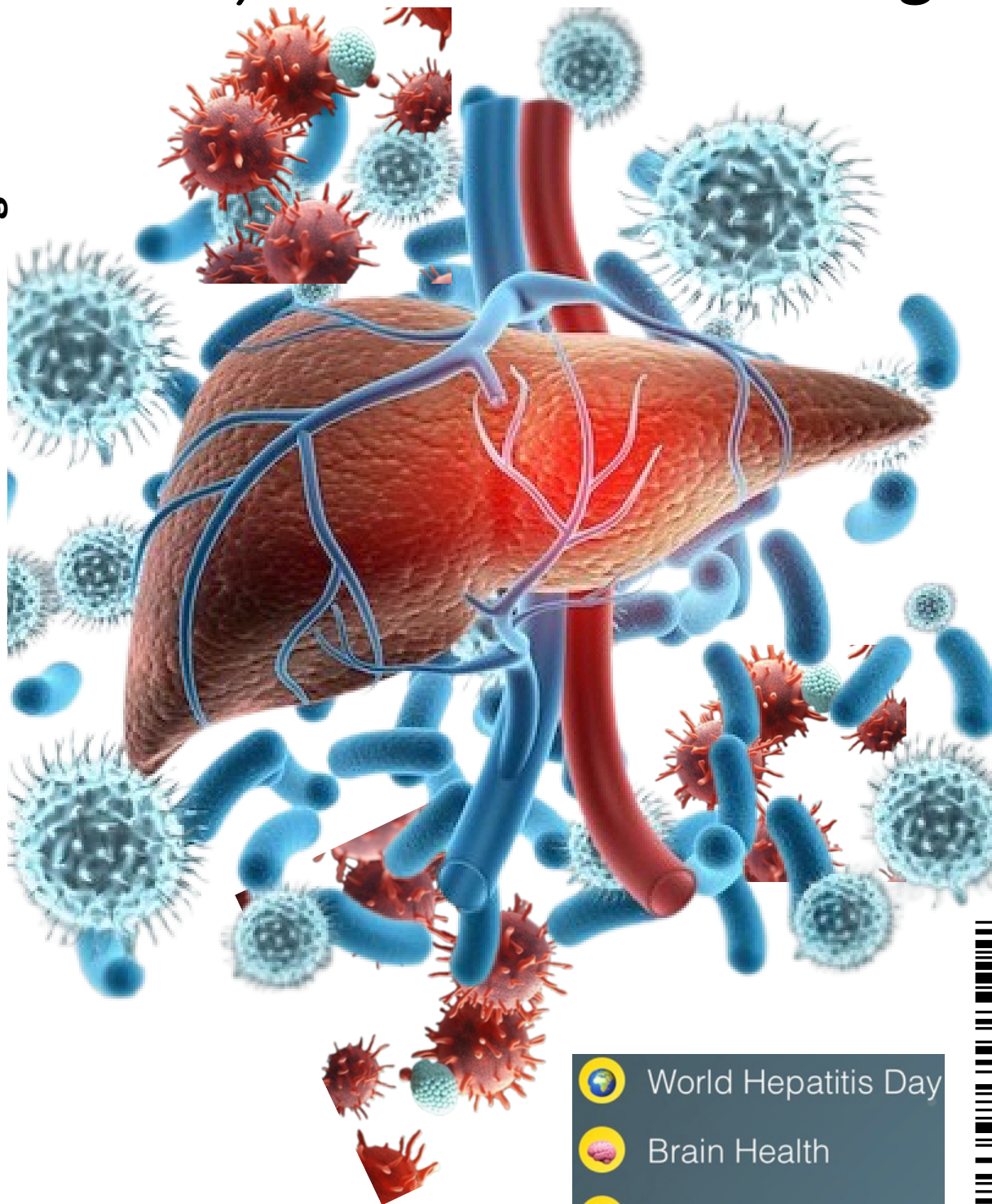


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**J U L Y 2 0 2 5**

-  World Hepatitis Day
-  Brain Health
-  UV Safety
-  Juvenile Arthritis

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**If knowledge is power then compassion is its twin**