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NIGERIAN JOURNAL OF DERMATOLOGY

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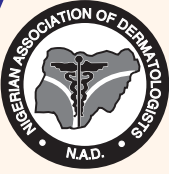
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Nigerian Journal of DERMATOLOGY

INFORMATION TO CONTRIBUTORS AND READERS



Nigerian Journal of Dermatologists, NJD, is a forum for communication of research results and policy issues in the health sciences especially as related to dermatology and allied sciences, Plastic Surgery, Venereology, Pathology, Anatomy, Physiology and Biochemistry.

The journal is dedicated to serving primarily scientists in Africa and other developing countries outside the continent who seek a medium for publishing their research findings. Since science is global, articles would be welcome from every geographical location across the world.

There are pressing and specific problems related to Africa and to people of coloured skin. Ainhum, acne keloidalis are examples of two of a long list of cutaneous diseases peculiar to the sub region and waiting for research by the basic sciences; gratifying modalities of treatment are equally awaited.

The editorial board will therefore give priority to the development and promotion of such cutaneous health issues.

Frequency of publication: Quarterly.

Content format: Each issue will contain essentially the following sections, with variants where necessary:

- i. A short editorial statement on policy issues not more than two thousand words, placed not necessarily on the first page.
- ii. A short review (not more than five thousand words) titled "Perspective" on a current topical issue in Dermatology.
- iii. One or two review articles by invitation or on application.
- iv. Peer reviewed articles by invitation or on application.
- v. Letters to the editor.
- vi. News about, and on, African health and related matters.

Research papers should be composed of the following in that order, clearly typed in double space:

- i. Title, which should be short and specific.
- ii. Full names of all the authors, qualifications and affiliations of each, and full address of each author. (Qualifications of authors are only required for purposes of Editor's use and not for publication).
- iii. Name and address of the corresponding author and his/her phone/fax numbers (home & office).
- iv. Sources of financial support, if any.
- v. Summary of not more than 200 words as well as three to four key words.
- vi. Introduction.
- vii. Materials and methods.
- viii. Results.
- ix. Discussion
- x. Conclusion
- xi. Acknowledgments — placed immediately after the next, and before the references
- xii. Citations and references will be arranged according to the Vancouver Style:

A. Citation of Periodicals

Kofi-Tsekpo WM and Karekezi CW. Detectability and measurability of amoscanate in plasma by TLC and HPLC. *Drugs under Experimental and Clinical Research*. 1988; 14: 31-37.

Watkins WM, Howells RE, Brandling-Bennet AD and Koech DK. In vitro susceptibility of Plasmodium falciparum isolates from Jilore, Kenya to antimalarial drugs. *American Journal of Tropical Medicine and Hygiene*. 1987; 37: 445-451.

B. Citation of Books

Ole Fijerskov, Firoze Manji and Vibeke Baellum, eds. Dental fluorosis Handbook for health workers. Copenhagen: Munksgaard, 1988 p.

C. Citation of Chapters in books

Same as (B) above.

D. References

in the body of text should be in chronological order and identified by roman numerals in brackets: e.g. Specific point mutations in naturally resistant laboratory isolates of P. Falciparum [4, 5]

E. Figures, Charts & Pictures

Figure legends and tables should be professionally done. Tables/charts should be in black and white - 100 mm (minimum) and 175 mm (maximum). Coloured pictures may be submitted. Such pictures should be very clear and in size 5 x 7 inches. Where digital pictures are submitted, they should be in jpeg or bitmap format and not less than 300dpi resolution. Unclear and blurred pictures will be rejected. The publisher also reserves the right to convert coloured plates to grayscale where necessary.

F. Short Communications

This should possess all the elements of scientific communication as research papers, but without abstracts and subheadings and with not more than 500 words and 5 references.

G. Submission of paper to the Journal

Anyone who submits a paper for publication must provide the following:

- i. A letter of submission electronically.
- ii. Manuscript created using a word-processing program in PC format is encouraged. This is submitted electronically. Two hard copies of the peer reviewed, corrected manuscript will be sent over by the corresponding author to the editorial assistant, Regina Faleye MS, at the editorial office in the Department of Medicine, University College Hospital, Ibadan, Oyo State, Nigeria
- iii. Written permission from authors whose copyright material has been used in the manuscript.
- iv. Informed consent from authors whose photographs have been used.
- v. Copyright statement as follows:

I/We..... The undersigned, who is/are the author(s) of the manuscript titled.....transfer all copyright ownership of this manuscript to the Nigerian Journal of Dermatologists, in the event that the manuscript is published in the Journal. I/We give guarantee that the content of the manuscript is original, and is not currently being considered for publication by another Journal.

- vi. A letter of acceptance will be sent once the above stages have been complied with.

The Skin, Bugs, and Outbreaks: An Undissolvable Marriage

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THE SKIN

The skin, our body's largest organ, serves as the first line of defence against pathogens, and its compromise can have devastating consequences.¹ Moreover, the skin plays a crucial role in the immune response, serving as the body's first line of defence against pathogens.² Disruption of the skin's barrier function can compromise immune function, rendering individuals more susceptible to infections. In addition, skin lesions and rashes can provide critical diagnostic clues, allowing for earlier detection and treatment of emerging or epidemic infectious diseases (EIDs).^{1,2} The skin also serves as an essential portal of entry and exit for most of the EIDs, most of whom are transmitted via direct or indirect contact between an infected host and a vulnerable individual.²

THE BUGS

The world is facing an unprecedented surge in EIDs, posing a significant threat to global health security.³ Over the past decade, infections that have gone quiescent have resurfaced, with clear warning signs suggesting that changes within the bugs and the human behaviours are responsible.⁴ As a case in point, Nigeria recorded 3 MPOX infections between 1970 and 2017. Since then, we have experienced multiple outbreaks and are still counting.⁵

As the COVID-19 pandemic has starkly reminded us, EIDs can spread rapidly, causing widespread illness, death, and socioeconomic disruption.⁶ While the respiratory and cardiovascular manifestations of EIDs have garnered significant attention, the dermatological implications of these diseases warrant equal consideration.⁷ In the face of this ever-present threat of EIDs, it is imperative that we acknowledge the often overlooked yet critical role of skin health in the fight against these diseases.

THE HUMANS

Human behaviour and lifestyle choices significantly impact the skin microbiome and the likelihood of outbreaks.⁹ Hygiene practices, skincare routines, and the use of antibiotics and other medications can all influence the composition and balance of skin microbes.^{9,10} In some cases, well-intentioned but ill-advised actions, such as excessive use of antibacterial products, use of bleaching creams as well as topical steroids can disrupt the microbiome and make the skin more susceptible to infections.

Additionally, social and environmental factors, including crowded living conditions and poor sanitation, can exacerbate the spread of skin infections.^{9,10} Public health initiatives must focus on education and awareness to promote healthy skin practices and reduce the risk of outbreaks.

THE DERMATOLOGIST

Dermatologists are, therefore, a central component in the clinical care spectrum for combatting the scourge of these outbreaks. Their practice places them at a critical juncture where they have a role in guiding the populace towards practices that make the skin more robust against these infections, ensure detection and diagnosis of these infections at an early stage, and treat these patients who are so infected.

THE WAY FORWARD

The World Health Organization (W.H.O) has provided a framework to address the issue of skin health in the context of epidemic infectious diseases (EIDs).¹¹ These include:

- 1. Interdisciplinary collaboration:** Fostering collaboration between infectious disease specialists, dermatologists, and other healthcare professionals to develop

comprehensive management strategies for EIDs.

2. **Enhanced surveillance:** Strengthening global surveillance systems to rapidly detect and respond to EID outbreaks, focusing on dermatological manifestations.
3. **Public awareness and education:** Educating the public on the risks associated with EIDs and the importance of skin health in preventing the spread of disease.
4. **Antimicrobial stewardship:** Promoting responsible antibiotic use and developing novel antimicrobial therapies to combat resistant pathogens.

In conclusion, the impact of EIDs on skin health is a critical yet neglected aspect of global health security. By acknowledging the importance of skin health and adopting a multifaceted approach to address this issue, we can reduce the burden of EIDs and promote healthier skin for all.

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