	alence and correlates of HIV, syphilis, and hepatitis knowledge
	ng intrapartum patients and health care providers in Kabul,
	anistan
Journal Authors	AIDS Care Todd CS, Ahmadzai M, Atiqzai F, Smith JM, Miller S, Azfar P, Siddiqui
Authors	H, <b>Ghazanfar SA</b> , Strathdee SA
Year	2009
Citation	2009 Jan;21(1):109-17. doi: 10.1080/09540120802068779.
Abstract	Little is known about blood-borne infection awareness and knowledge among obstetric populations and health care providers in Afghanistan. HIV and hepatitis B awareness and knowledge are described among 4452 intrapartum patients completing an interviewer-administered questionnaire and whole-blood rapid testing and 123 obstetric care providers completing a questionnaire between June 2006 and September 2006. Participants were enrolled from three Kabul public maternity hospitals. Most participants were aware of HIV (50.8% of patients and 95.9% of providers) and hepatitis (72.1% of patients and 91.1% of providers). Correct transmission knowledge (defined as naming three correct routes and no incorrect routes) was lower for both groups (HIV: 19.4% for patients and 59.7% for providers; hepatitis B: 1.90% for patients and 33.9% for providers). Correct HIV transmission knowledge among providers was independently associated with level of education (AOR=1.75, 95% CI: 1.20-2.55). While HIV and hepatitis B awareness is common, correct and comprehensive knowledge is not. Continuing education for providers and health communications strategies should address identified knowledge gaps.
	udes and practices of obstetric care providers in Kabul, anistan regarding antenatal testing for sexually transmitted ction
Journal	Journal of Obstetric, Gynecologic, & Neonatal Nursing
Authors	Todd CS, Ahmadzai M, Smith JM, Siddiqui H, Ghazanfar SA, Strathdee SA
Year	2008
Citation	2008 Sep-Oct;37(5):607-15. doi: 10.1111/j.1552-6909.2008.00283.x.
Abstract	OBJECTIVE: To determine attitudes toward and utilization of testing for HIV, syphilis, and hepatitis B among obstetric care providers in Kabul, Afghanistan.  DESIGN: Cross-sectional survey.
	SETTING: Three public maternity hospitals in Kabul, Afghanistan.  PARTICIPANTS: One hundred and fourteen (114) doctors and midwives.
	MAIN OUTCOME MEASURE: Prevalence and correlates of ever having tested patients for HIV, syphilis, and hepatitis B and agreement with statements concerning attitudes toward testing

and care. RESULTS: Less than half of the patient care providers surveyed had previously tested a patient for HIV, syphilis, or hepatitis B. Presumed rarity of these infections in Afghanistan was the most frequently stated reason for not testing, although many midwives stated that they did not have the authority to order tests. Most providers supported testing to promote neonatal health, but some midwives expressed concern regarding patient and family perceptions.
CONCLUSIONS:  Due to logistical and cultural barriers, obstetric care providers underutilize

of female providers, and availability of rapid testing are needed. 3. Seroprevalence and correlates of HIV, syphilis, and hepatitis B and C virus among intrapartum patients in Kabul, Afghanistan

testing for antenatal patients in Afghanistan. Improved training, empowerment

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Authors	Todd CS, Ahmadzai M, Atiqzai F, Miller S, Smith JM, Ghazanfar SA, Strathdee
	SA
Journal	BioMed Central Infectious Diseases
Year	2008
Citation	2008 Sep 17;8:119. doi: 10.1186/1471-2334-8-119.
Abstract	BACKGROUND:

Little current information is available for prevalence of vertically-transmitted infections among the Afghan population. The purpose of this study is to determine prevalence and correlates of human immunodeficiency virus (HIV), syphilis, and hepatitis B and C infection among obstetric patients and model hepatitis B vaccination approaches in Kabul, Afghanistan.

## **METHODS:**

This cross-sectional study was conducted at three government maternity hospitals in Kabul, Afghanistan from June through September, 2006. Consecutively-enrolled participants completed an interviewer-administered survey and whole blood rapid testing with serum confirmation for antibodies to HIV, T. pallidum, and HCV, and HBsAg. Descriptive data and prevalence of infection were calculated, with logistic regression used to identify correlates of HBV infection. Modeling was performed to determine impact of current and birth dose vaccination strategies on HBV morbidity and mortality.

## **RESULTS:**

Among 4452 women, prevalence of HBsAg was 1.53% (95% CI: 1.18 - 1.94) and anti-HCV was 0.31% (95% CI: 0.17 - 0.53). No cases of HIV or syphilis were detected. In univariate analysis, HBsAg was associated with husband's level of education (OR = 1.13, 95% CI: 1.01 - 1.26). Modeling indicated that introduction of birth dose vaccination would not significantly reduce hepatitisrelated morbidity or mortality for the measured HBsAg prevalence.

## CONCLUSION:

Intrapartum whole blood rapid testing for HIV, syphilis, HBV, and HCV was acceptable to patients in Afghanistan. Though HBsAg prevalence is relatively

low, periodic assessments should be performed to determine birth dose vaccination recommendations for this setting.  4. Cross-sectional analysis of factors associated with prior contraceptive use among hospitalized obstetric patients in Kabul, Afghanistan  Authors  Todd CS, Isley MM, Ahmadzai M, Azfar P, Atiqzai F, Smith JM, Ghazanfar SA, Strathdee SA, Miller S  Journal  Contraception  Year  2008  Citation  Abstract  OBJECTIVE: This study was conducted to assess prevalence and correlates of prior contraceptive use among hospitalized obstetric patients in Kabul, Afghanistan.  STUDY DESIGN: Medically eligible (e.g., conditions not requiring urgent medical attention, such as eclampsia, or not imminently delivering [dilation > or =8 cm]) obstetric patients admitted to three Kabul public hospitals were consecutively enrolled in this cross-sectional study. An interviewer-administered questionnaire assessed demographic information, health utilization history, including prior contraceptive use, and intent to use contraception. Correlates of prior contraceptive use were determined with logistic regression.  RESULTS: Of 4452 participants, the mean age was 25.7 years (SD, +/-5.7 years), 66.4% reported pregnancy before the presenting gestation, 88.4% had > or =1 prenatal care visit and 82.4% reported the current pregnancy was desired. Most (67.4%) had no formal education. One fifth (22.8%) reported using contraception before this pregnancy. Among women with any pregnancy before the current gestation (98.6% of prior users), prior contraceptive use was independently associated with having lived outside Afghanistan in the last 5 years (adjusted odds ratio [AOR], 1.35; 95% confidence interval [CI], 1.12-1.63), having a skilled attendant at the last birth (AOR, 1.35; 95% CI, 1.07-1.71), having a greater number of living children (AOR, 1.30; 95% CI, 1.07-1.71), having a greater number of living children (AOR, 1.30; 95% CI, 1.07-1.71), having a preater number of living children (AOR, 1.30; 95% CI, 1.07-1.71), having a skilled att		T
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Authors Homayon T, Zaheer GR, Ghazanfar SA	5. Norr	mal haematologic values for residents of Kabul
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Journal	Indian Journal of Experimental Biology		
Year	1968		
Citation	1968 Jul;6(3):178.		
Abstract	No abstract available		
6. Hem	6. Hemoglobinopathy in Afghanistan		
Authors	Ghazanfar SA		
Journal	J Med Liban		
Year	1968		
Citation	1968 Jan-Feb;21(1):9-18.		
Abstract	No abstract available.		
7. CAR	BONIC ANHYDRASES FROM HUMAN ERYTHROCYTES		
PRE	PARATION AND PROPERTIES OF TWO ENZYMES		
Authors	RICKLI EE, <b>GHAZANFAR SA</b> , GIBBONS BH, EDSALL JT		
Journal	The Journal of Biological Chemistry		
Year	1964		
Citation	1964 Apr;239:1065-78.		
Abstract	See full article from Harvard University.		
8. D-xy	lose test in enteric fever, cirrhosis, and malabsorptive states		
Authors	SHAMMA'A MH, <b>GHAZANFAR SA</b>		
Journal	British Medical Journal		
Year	1960		
Citation	1960 Sep 17;2(5202):836-8.		
Abstract	See full article from American University of Beirut (AUB).		