

WHAT'S  
HAPPENING  
IN

# Without Borders



## From the Editor

Gretchen Birbeck, MD, MPH

In a blog posted earlier this year, “More insights into the TapGap, this time from Indonesia,” Without Borders discusses an article by Imran et al.<sup>1</sup> that outlines the findings of a study produced in Indonesia evaluating the diagnosis and management of CNS infections. The study is based on a survey done at a national conference that included 288 neurologist attendees, most of whom had seen a CNS infection in a patient in the 3 months prior to the conference. Of those 288 neurologists, only 15% reported conducting a lumbar puncture (LP).

Given the ongoing HIV epidemic in the region, this low rate is worrisome and leaves practitioners wondering about the TapGap (the gap between individuals with a clinical indication for LP who do not undergo the procedure). “In the May 2015 issue of *Neurology*<sup>®</sup>, Thakur et al.<sup>2</sup> drew attention to the need for a better understanding of TapGap and suggested that physician and system-level problems might be substantially contributing to this problem. This report from Indonesia certainly confirms this concern...The perfect storm of an untenable TapGap in the setting of untreated, even undiagnosed, HIV apparently is not a problem limited to Africa. Data from Indonesia offer some insights into what is causing the TapGap.”

### References

1. Imran D, Satiti S, Sugianto P, et al. Barriers to diagnosis and management of central nervous system infections in Indonesia. *Neurology* 2019;92:104–106.
2. Thakur KT, Mateyo K, Hachaambwa L, et al. Lumbar puncture refusal in sub-Saharan Africa: a call for further understanding and intervention. *Neurology* 2015;84:1988–1990.



### Blog

Read the Without Borders blog for timely posts by the editor and invited guests.

[NPub.org/wbblog](http://NPub.org/wbblog)

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