

Stop transmission of polio once again

DR MD IQBAL KABIR

After more than 5 years since August 2000 Bangladesh has been infected by wild poliovirus. Recently Rahima 9 of Chandpur district was confirmed polio by laboratory result after her onset of paralysis on 23rd January 2006. She visited Pirojpur and Bagerhat district before the onset of paralysis.

The detected wild poliovirus (P1) resembles with Uttar Pradesh Virus of India. Bangladesh is now under a threat of further transmission of polio.

To combat the situation, Bangladesh has taken prompt initiative with the help of development partners like World Health Organisation (WHO), JICA, Rotary International, Unicef etc.

MOH&FW has announced 13th Special National Immunisation Days (NIDs) on 16th April, 13th May and 11th June 2006. All children up to 5 years of age will be vaccinated by 3 consecutive doses of oral polio vaccine.

A polio outbreak in Bangladesh once again

Since August 22, 2000 after the last incidence of Dolly, a female child of Mirpur slum area, Dhaka, Bangladesh was Polio free for more than 5 years. Children under 15 years of age attacked with Acute Flaccid Paralysis (AFP) have been searched for poliomyelitis by collecting 2 stool samples. The stool specimens are examined in National Polio Lab at IPH, Dhaka for virological confirmation of Polio. This routine AFP surveillance is carried throughout all over Bangladesh

as a part of Polio Eradication Programme.

During routine AFP surveillance, on January 26, 2006, a 9-year girl, Rahima D/O Quari Siddiqur Rahman of Bagdi village of sadar upazila of Chandpur district was detected as an AFP case. Two stool samples were collected on 28th and 29th January and sent to NPL, Dhaka. On February 20, the NPL confirmed presence of wild polio virus (P1) in Rahima's stool. On February 22, specimens were sent to Mumbai Polio lab, India for further confirmation. On March 8, they also confirmed the wild virus. Now there is a polio outbreak once again in Bangladesh.

Facts about polio?

Poliomyelitis (polio) is a highly infectious disease caused by a virus. It invades the nervous system, and can cause total paralysis within hours.

It can affect at any age, but affects mainly children under three (over 50 percent of all cases). The virus enters the body through feco-oral route.

Initial symptoms are fever, fatigue, headache, vomiting, and stiffness in the neck and pain in the limbs. One in 200 infections leads to irreversible paralysis (usually in the legs). Amongst those paralysed, 5-10 percent die when their breathing muscles become paralysed as well. Although polio paralysis is the most visible sign of polio infection, less than 1 percent of polio infections ever result in paralysis. Poliovirus can spread widely before cases of paralysis are seen.

As most people infected with



The WHO representative in Bangladesh Dr Duangvadee Songkhoboli and MO-IVD Dr Serguei Diorditsa are examining polio affected Rahima at Chandpur recently.

poliovirus have no signs of illness, they are never aware they have been infected. After initial infection with poliovirus, the virus is shed intermittently in faeces for several weeks. During that time, polio can spread rapidly in the community.

Transmission

The virus enters the environment through faeces of people infected, then is passed to others especially in situations of poor hygiene.

The poliovirus can also infect persons who have been vaccinated and can be carried by them. Such individuals will not develop polio, but can carry the virus in their intestines and can pass it to others in conditions of sub-standard hygiene. The disease may infect thousands of people,

depending on the level of sanitation, before the first case of polio paralysis emerges. Individuals can carry the virus in their intestines just long enough to transmit to others.

WHO considers a single confirmed case of polio paralysis to be evidence of an epidemic – particularly in countries where very few cases occur.

Prevention

There is no cure for polio; it can only be prevented through immunisation. Polio vaccine, given at multiple times, almost protects a child for life. Full immunisation will markedly reduce an individual's risk of developing paralytic polio.

Full immunisation will protect most people. However individuals can still get infected by the disease due to the failure of some

individuals to respond to the vaccine.

Endemic countries and importation

Four countries in the world are polio-endemic: Nigeria, India, Pakistan and Afghanistan. Nine countries had circulation of imported wild poliovirus in the past 6 months: Somalia, Indonesia, Niger, Chad, Ethiopia, Yemen, Angola, Nepal and Bangladesh.

Such importation and outbreaks in previously polio-free areas are not a new phenomenon. However, importations today tend to take on a much higher profile, as most of the world is polio-free. Since 2003, Nigerian poliovirus spread across the world, reinfected 18 previously polio-free countries. For the first time ever, in 2005, the number of polio cases in re-infected countries is higher than number of cases in endemic countries. 1045 cases were found in non-endemic countries in comparison to 206 cases in 2004.

After genetic sequencing of the recent poliovirus it has been confirmed by the experts that the Bangladesh virus found in Rahima is imported from the recent virus of Uttar Pradesh of India. In 2005, India's Polio Eradication programme recorded good indicators of progress, including its lowest ever level of poliovirus transmission reporting 66 cases (compared to 134 cases in 2004).

Let's stop further transmission in Bangladesh

In Bangladesh, authorities are following the ACPE (Advisory Committee on Polio Eradication)

gold-standard outbreak guidelines, as the country will launch the first of the three National Immunisation Days (NIDs) on April 16. The second round will be on May 13 and third round on June 11.

To address the issue, Bangladesh is continuing its intensification of Polio eradication efforts by strengthening routine immunisation, strong AFP surveillance and intensified use of monovalent oral polio vaccine (mOPV) for type 1 during NIDs.

Be a part of the fight against polio

Please communicate the message to everyone you meet in your everyday life – to vaccinate each and every child under 5 years of age with 3 consecutive doses of OPV once again during the upcoming NIDs.

Please inform the local health authority (Civil Surgeon at district level, UHFPO at upazila level or nearby hospitals) immediately if you know any case of acute flaccid paralysis (AFP) under 15 years of age anywhere in Bangladesh.

Please make sure that every child before reaching their first birthday is vaccinated in time against 7 deadly diseases through routine immunisation.

Let us make sure that our combined effort will stop further transmission of polio so that Rahima will be the last case of polio in Bangladesh.

Dr Md Iqbal Kabir is a public health specialist and epidemiologist.

First Aid



Animal bites



Wash the area of an animal bite thoroughly

Domestic pets cause most animal bites. Dogs are more likely to bite than cats. Cat bites, however, are more likely to cause infection. Bites from non-immunised domestic animals and wild animals carry the risk of rabies.

Rabies is more common in raccoons, skunks, bats and foxes than in cats and dogs. Rabbits, squirrels and other rodents rarely carry rabies. If an animal bites you or your child, follow these guidelines:

• **For infection:** If you notice signs of infection such as swelling, redness, increased pain or oozing, see your doctor immediately.

• **For suspected rabies:** If you suspect the bite was caused by an animal that might carry rabies any bite from a wild or domestic animal of unknown immunization status see your doctor immediately.

Doctors recommend getting a tetanus shot every 10 years. If your last one was more than five years ago and your wound is deep or dirty, the doctor may recommend a booster. You should have the booster within 48 hours of the injury.

Apply pressure with a clean, dry cloth to stop the bleeding and see your doctor.

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Health Tips

Beta-carotene may help keep lungs young

Beta-carotene is an antioxidant compound that gives foods such as carrots, sweet potatoes and cantaloupe their orange and yellow coloring; the nutrient is also found in some greens, like spinach and broccoli

People with high blood levels of the nutrient beta-carotene may have better lung function as they age, new research suggests.

What's more, the study found, both beta-carotene and vitamin E might offer some lung protection to heavy smokers.

Beta-carotene is an antioxidant compound that gives foods such as carrots, sweet potatoes and cantaloupe their orange and yellow coloring; the nutrient is also found in some greens, like spinach and broccoli.

The new findings suggest that non-smokers and smokers alike should get plenty of fruits and vegetables in their diets, according to lead study author Dr Armelle Guenegou of the French national health institute INSERM, in Paris.

Lung function naturally starts a slow decline around the late 20s, but a healthful diet may help the lungs stay more youthful, Guenegou told.

That does not mean, however, that smokers can avoid the consequences of the habit by eating well or popping vitamins. It is always best to quit smoking, Guenegou said, given the risks of lung cancer and cardiovascular disease.

A recent analysis of eight studies, for instance, concluded that beta-carotene, vitamins A, C and E, and other nutrients do not cut smokers' risk of lung cancer.

The new study, published in the medical journal Thorax, included 1,194 adults ages 20 to 44. At the outset, participants had their lung function measured, as well as their blood levels of vitamins A and E, beta-carotene and a related compound called alpha-carotene.

Lung function was gauged with an FEV, score – the amount of air a person can forcefully exhale in one second.

Overall, the researchers found, men and women with

higher blood levels of beta-carotene at the study's start showed a smaller dip FEV, scores over the next 8 years.

And among heavy smokers – those who lit up at least 20 times a day – higher levels of both beta-carotene and vitamin E were related to a slower decline in lung function.

Smoking generates excess levels of potentially cell-damaging substances called oxygen free radicals – molecules that antioxidants like vitamin E and beta-carotene are designed to neutralise.

The body converts some of the beta-carotene it receives into vitamin A, while some is stored in tissues, including lung tissue. It's possible, Guenegou's team says, that beta-carotene in the lungs helps defend against the free-radical attack.

As for why vitamin E appeared protective only in heavy smokers, the researchers speculate that the vitamin jumps into a more potent antioxidant mode only when stress from free radicals is high.

Beta-carotene may also preserve non-smokers' lung function by battling free radicals, according to Guenegou. The potentially damaging molecules are a normal byproduct of metabolism, and they are also generated by outside sources other than cigarettes – air pollution, for example.

The researcher stressed, though, that beta-carotene is not the sole player in lung or overall health. So it is important to get a mix of antioxidants and other nutrients from plant foods, rather than relying on pills.

Source: Thorax

SUBARACHNOID HAEMORRHAGE

FAQ on bleeding under the covering of brain

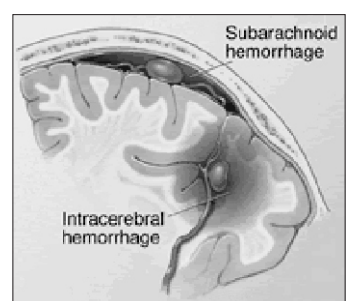
"Sudden severe headache" – is it an emergency?

Sudden onset of severe agonising headache in a patient should be regarded as subarachnoid hemorrhage (SAH) until proven otherwise.

What is Subarachnoid hemorrhage (SAH)?

Bleeding in the surface or inside the brain or spinal cord most commonly as a result of rupture of cerebral blood vessel aneurysm (swelling caused by the weakening of a wall of a blood vessel) or arteriovascular malformation, in few cases due to hypertension or unknown cause.

Associated symptoms include nausea, vomiting, photophobia and neck stiffness. Patient may lose consciousness. Severity of symptoms depends on amount of blood and location of bleed. Many patient die before reaching hospital. Overall mortality is 40 to 50 percent.



What should one do?

SAH is a neuro-surgical emergency. Patients must be taken to hospital equipped with CT scan and cerebral angiography facilities.

Why urgent treatment is so vital?

- Appropriate initial management can avoid risk of life
- Reduce risk of spasm of blood vessel leading to stroke
- To control fits
- Reduce risk of further bleeding by maintaining optimum blood

pressure and control of headache

- Reduce the risk of other serious complications.

Things to remember while the patient is being transferred

1. Analgesia (pain relieve) with paracetamol and codeine
2. Patients should lie flat
3. Preferred transport should be ambulance with paramedic staff
4. If Glasgow coma score is 8 or below, patient should be intubated and ventilated artificially
5. Proper management in right time is the key to better outcome for this life threatening medical condition.

– DR SYED SAYED AHMED

Dr Syed Sayed Ahmed FRCS (UK) is a Consultant Neurosurgeon of Apollo Hospitals, Dhaka.

Eminent surgeon urged for multi-disciplinary approach for proper treatment

TAREQ SALAHUDDIN

Dr Khademul Islam, an eminent surgeon of our country recently had been suffering from severe neck pain and radiating pain down to the left upper limb affecting mostly medial aspect of arm, forearm, little finger, index finger and around axilla for four days.

The pain was so severe that even disturbed his sleep. With all contribution of analgesics (pain killers) his symptoms did not improve.

The clinical symptoms and investigations co-related mostly with the C7/T1 disc prolapse. Considering the nature of the disc prolapse and not having response to conservative treatment, anterior cervical discectomy at C7/T1 level was done. The prolapsed disc was removed and the nerve was decompressed thoroughly in the left side.

Dr Khademul Islam was operated by his own student Dr Syed Sayed Islam (who is a neurosurgeon) at Apollo Hospitals Dhaka.



Professor Dr Khademul Islam (R) and Dr Syed Sayed Ahmed (L) after the operation.

Before the operation, Dr Khademul Islam visited many orthopaedic doctors. But he expressed with grief that no one suggested him the proper guideline for his treatment nor referred him to elsewhere.

At last his student Dr Syed who worked in UK for long time sug-

gested him for the treatment option and Dr Khademul Islam underwent a 10 hour long operation which was successful.

Dr Khademul Islam urged that we need to include multi-disciplinary approach for the diagnosis and treatment of our diseases.

Your Doctor



Prof Dr Motiur Rahman Molla Head of the Department Oral & Maxillofacial Surgery Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka

Dear Doctor, I have been suffering from bleeding manifestation from my teeth. I have seen few doctors, but their treatment could not give permanent relief of the problem.

Please tell me what I will do for the permanent solution. Thanks and best regards Sayem sm22@gmail.com Dhaka

Answer: There are various causes of gum bleeding. Most common cause is inflammation of gum, which is known as gingivitis. It may be due to the scale or dental plaque.

You can do scaling and polishing your teeth for the problem. At the same time you have to maintain oral hygiene by brushing your teeth after meal at least two times each day and don't forget to brush before going to bed.

If this is due to the inflammation of the gum, you may need to take some antibiotic. For choosing proper antibiotic, you need to consult a dentist.

You also may have the problem due to some other systemic diseases like leukaemia, haemophilia, Scurvy. So you should go to a dentist to find out the actual cause behind the manifestation.

Dear Sir, I have been suffering from pain in my teeth. I performed filling two months ago. The pain is aggravated while

drinking, especially cold water. what can I do now?

Mitu wahida_mitu@yahoo.com Dhaka

Answer:

The most likely cause may be the faulty technique of filling, the extension of the cavity beyond the pulp, inflammation of the pulp (pulpitis), again this may due to inflammation of the pulp (pulpitis).

You need to find out the cause first. To make sure the diagnosis, you may require an x-ray of the region. Pulp test may be required to understand the situation of the pulp.

Root canal is needed to correct this situation.

First national seminar on palliative care held in the city

STAR HEALTH CORRESPONDENT

A two day long workshop on palliative care (care of the terminally ill) was held at LGED auditorium, Agargaon in the capital March 31-April 1, 2006 with a call for serving the dying patient suffering from incurable disease and preparing for the inevitable eternal journey. This was the first of its kind national workshop organised by Afzalunnessa Foundation.

Former chief justice and chief advisor of the caretaker government Muhammad Habibur Rahaman was present as the chief guest. Ms Valerie A Taylor, coordinator, Center for the Rehabilitation of the Paralyzed (CRP)

and Dr Robert Hart, palliative care specialist attended the seminar as special guest.

Palliative care is the treatment or care, which relieves the symptoms, but does nothing to cure the disease that causes the symptoms. Palliative is the total care of the patients whose disease is not responsive to curative treatment. Usually it is implied to the care of the terminally ill patients. Palliative care help to reduce sufferings and bring about some amount of comfort both mental and physical for the dying patients.

Afzalunnessa Foundation has already started a consultation service in its office (Block-A, Lalmatia, Dhaka) to kindle awareness in the mind of people who would like to care.

On coming issue "Your Doctor" will respond to problems of eye. Send your questions to Your Doctor, Star Health, The Daily Star, 19, Karwan Bazar, Dhaka 1215 or e-mail your problem to starhealth@thedailystar.net