

# Mass awareness needed to prevent Hepatitis C

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Hepatitis is the inflammatory condition of hepatic (liver) cells. Hepatitis C is a dreadful liver disease caused by *Hepatitis C* virus. It accounts for 60 per cent cases of hepatocellular carcinoma (liver cancer). There are nearly 170 million chronic carrier of hepatitis C worldwide.

**Mode of transmission**

There are several cases (30 per cent) of hepatitis C from unknown origin or community acquired. Other main way include --

- λ Contact with an infected person's blood.
- λ Sharing drug needles
- λ Getting pricked with a needle that has infected blood on it (hospital workers can get hepatitis C this way)
- λ Having sex with an infected person, especially if one or the partners has other sexually transmitted diseases
- λ Being born to a mother with hepatitis C
- λ Getting a tattoo or body piercing like ear piercing with unsterilised, dirty tools
- λ Organ transplantation from an infected person
- λ Hepatitis C does NOT spread by --
- λ Shaking hands with an infected person
- λ Hugging an infected person

- λ Sitting next to an infected person
- λ Sharing clothes, plates, glass etc.

So, a patient of hepatitis C can lead a normal social life.

**Symptoms**

Most people with hepatitis C don't have symptoms.

However, some people with hepatitis C feel like they have the flu. Some non-specific symptoms are --

- λ feeling of tiredness
- λ feeling sickness to stomach
- λ fever
- λ not willing to eat
- λ stomach pain
- λ diarrhea
- λ dark yellow urine
- λ light-colored stools
- λ yellowish eyes and skin

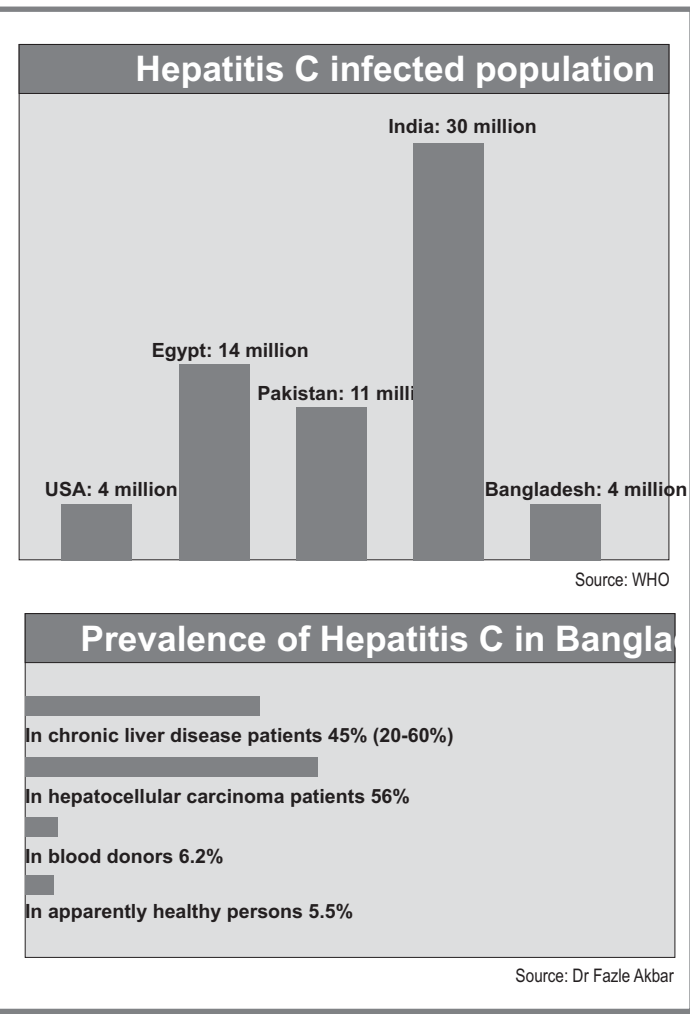
Symptoms like liver cirrhosis and liver cancer appear at the end stage of liver damage. This criteria has made hepatitis C most dangerous. There is almost nothing to do when people notice the disease.

If you have symptoms or think you might have hepatitis C, go to a doctor.

**Tests for hepatitis C**

To check for hepatitis C, blood should be tested with anti-HCV (antibody). This screening test is the easiest way to detect hepatitis C.

Liver biopsy can be done for



end-stage liver disease to see the pathology of liver.

**Importance of screening test**

Hepatitis C virus (a type of RNA virus) displays genomic diversity, with different genotypes. The virus undergoes sequence variations during chronic infections. So it is difficult to invent a vaccine for the ever changing HCV.

As there is no vaccine available for hepatitis C, screening is the only way to detect the case early to take measures.

Screening serves the following purposes --

- λ prevention of liver cirrhosis and liver cancer
- λ ensures better quality of life
- λ helps in early detection of liver diseases associated with hepatitis C and ensures early treatment

**What to do if Hepatitis C is positive?**

- λ If you have hepatitis C, don't give your blood or plasma. The person who receives it could become infected with the virus.
- λ Don't donate an organ
- λ Have protected sex
- λ Consult with a doctor

**Bangladesh perspective**

Around 40 lakh people in the country are believed to be infected by hepatitis C.

This was revealed at a seminar titled 'Mass Awareness to Prevent Hepatitis C' organised by Sandhani Central Committee in the city few days ago. Keynote speaker of the seminar Dr Mani Lal Aich Litu, advisor of Sandhani Central Committee showed in his presentation the prevalence of hepatitis C carriers among different population. There are 5.5 percent carrier among apparently healthy persons, 6.2 per cent among the blood donors, 56 per cent among hepatocellular carcinoma patients and 20 - 60 per cent among the chronic liver disease patients. So the condition of our country is very alarming and there is dire necessity of mass awareness of hepatitis C.

**Prevention**

To avoid getting the disease, following measures should be followed --

- λ Don't share drug needles with anyone.
- λ Wear gloves if you have to touch anyone's blood.
- λ Practicing safe sex and using condom during sex with an infected person.
- λ Don't use an infected person's toothbrush, razor, or anything else that could have blood on it.
- λ If you get a tattoo or body piercing, make sure it is done with clean tools.

## The importance of good foot care for the diabetics

Diabetes care is in large part self-care. You are the one in charge of checking your blood glucose levels, taking your pills or insulin at the right times and in the correct amounts, eating a healthful diet, and exercising. Another essential element of your daily diabetes routine should be foot care.

**Why worry about feet?**

People with diabetes are prone to foot problems for a number of reasons. For example, many people who have had diabetes for years have circulation problems. When they injure their feet, healing is slowed because adequate amounts of blood do not get to the injury site. Cuts and abrasions can also get infected more easily, and immune system responses may be weaker than usual. As a result, foot infections can quickly rage out of control.

To compound the problem, some people with diabetes lose feeling in their feet because of

usually start as tiny ones. If you catch problems early, you can take steps to keep them from getting worse.

When checking for problems, look at both the top and bottom of each foot, as well as between toes. A mirror can help you see every part of your foot. Or you may wish to enlist the aid of a relative or friend. Run your hand over the tops and bottoms of your feet, as well.

Watch for blister, cuts, redness, hard skin, breaks in the skin, scratches, hot spots, cold spots, anything that looks or feels "wrong". Some problems, such as cuts, blisters, ingrown toe nails, or changes in your foot's shape or color, should be reported to the doctor right away.

**Treating your feet well**

To reduce your chance of cutting or burning yourself or developing a corn, crack, or callus --

- λ Wash your feet every day in

that could hurt your feet.

- λ Choose padded socks. Look for ones with no seams or smooth, flat seams. Socks meant for people with diabetes or for walking are good choices. If necessary, buy new shoes so that your padded socks will fit inside.
- λ Throw away worn socks or ones that have lost their cushioning.
- λ Do not use heating pads or hot water bottles on your feet.
- λ Shop for shoes in the evening, because feet are largest then. Wear your thickest padded socks when you try on shoes so that you can be sure the socks fit in the shoes. Feel inside the shoes to make sure they do not have wrinkles or rough seams. Never buy a shoe hoping it will stretch; it should fit and be comfortable from the start.
- λ For exercise, choose athletic shoes that fit well (have a trained clerk fit you) and that provide good support.
- λ For everyday wear, choose flat shoes. If possible, they should lace up, be made of leather, and have round toes.
- λ Do not buy shoes that have high heels or pointed toes (which put pressure on your toes) or that are made of vinyl or plastic (because they do not breathe or adjust to your foot).
- λ Break shoes in slowly. Start by wearing them only an hour the first day, and then check your feet for irritation.
- λ If your doctor prescribes special shoes or inserts, wear them every day. They cannot protect your feet if they are in the closet.

To reduce your chances of getting a foot infection --

- λ Do not put skin lotion or cream between your toes.
- λ Put on a clean pair of socks every day.
- λ After a bath or shower, dry your feet well, including the areas between your toes.

To encourage good blood flow in your feet --

- λ Prop up your feet when sitting.
- λ Do not keep your legs crossed for a long time.
- λ Do not smoke.
- λ Do not wear garters, tight socks, or elastic bands on your legs.
- λ Take walks.

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Source: Diabetic Forecast

## New approach to tackle dengue fever

Over 380,000 people have been protected from dengue fever in Vietnam thanks to a community approach to mosquito control. The strategy involves inoculating large water storages with crustaceans called Mesocyclops, which feed on mosquito larvae, preventing the growth of the most common dengue vector, the mosquito *Aedes aegypti*.

The investigators report that *A. aegypti* has been eradicated in most villages in the programme, and no cases of dengue fever have been reported in any of the villages since 2002.

**A new strategy for dengue control**

Brian Kay and Vu Sinh Nam describe a low-technology--but highly effective--strategy for control of disease-carrying mosquitoes in Vietnam. The main target of the strategy is the *Aedes aegypti* mosquito that transmits dengue fever.

Dengue is a classic emerging disease that illustrates the spectacular failure of top-down disease-control methods and one of the negative impacts of globalisation on poor communities. The reasons for the emergence of dengue and dengue haemorrhagic fever are not fully understood, but widely recognised social factors include: deterioration of public-health infrastructure, expansion of international travel and trade, and rapid increases in economically marginalised urban populations lacking basic services.

Densely populated shanty towns provide perfect conditions for the transmission of vector-borne disease. Mosquitoes need standing water to breed. Lack of reliable piped-water supplies mean that water must be stored in or near the home; inadequate disposal of non-biodegradable containers provide further breeding sites for mosquitoes. The types of container used by the mosquito to breed vary by location. An important element of the strategy described by Kay and Nam involves an assessment of which containers produce the most mosquito larvae, and therefore are the important ones to target. In Vietnam, with its predominantly rural population and saline ground-water near river deltas, large water-storage tanks are an important mosquito-breeding site.

The solution to this problem is a novel one, involving a form of biological control. Large water-tanks are inoculated with local species of Mesocyclops copepods, which live on various organisms, including mosquito larvae. However, other potential breeding sites, such as discarded containers, are too small to be treated successfully with Mesocyclops and need to be removed. Fortunately, the structure of Vietnamese society is well suited to community participation. The dengue-control programmes described by Kay and Nam are done

by communal health workers, paid health-collaborators, and school teachers and pupils who inspect houses and collect discarded containers.

Kay and Nam report eradication of *A. aegypti* in most communes in the programme, and no subsequent cases of dengue in any of these communes. Compared with the rest of the country, the northern provinces are less suitable climatically for *A. aegypti* and for dengue transmission. Relatively few cases of dengue were reported in the northern provinces even before the programme began. Nam Dinh province is enlarged. 18 communes in this province where interventions were done are in black.

Use of Mesocyclops is most effective in medium to large water-containers, which are less frequent breeding sites in most cities. Initial study areas were specifically chosen for their suitability in this respect. Extrapolation of the strategy to western cultures seems even less certain, because community participation will be more difficult to establish and maintain in societies with a strong culture of individualism and dislike of visible organisms in the drinking water.

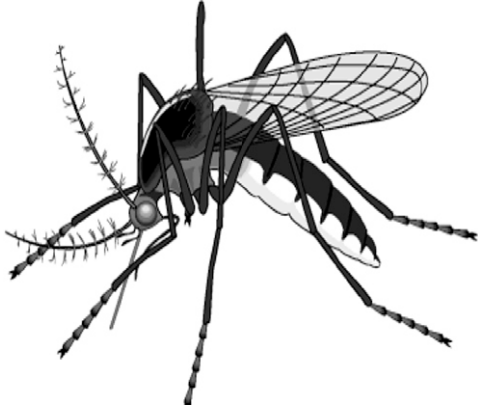
WHO's strategy for dengue control advocates "integrated mosquito control with community and intersectoral participation", but does not specify which methods are most appropriate. The Scientific Working Group on Insect Vectors and Human Health advocates genetic engineering to develop novel mosquito-control methods, and the improvement of existing biological insecticides. Even if scientifically achievable, these high-technology approaches to the control of dengue will only be a part solution, especially for low-resource areas that carry the largest disease burden.

Kay and Nam show that low-technology approaches to vector control can be effective if well planned and supported, with a strong emphasis on community participation. Their strategy is not a universal answer to the problem of dengue, but has the potential to make an important difference in rural communities.

On a global scale, most of the population increase expected during the next quarter century will occur in the urban areas of poor countries, whose population is projected to double from 2 billion in the year 2000 to about 4 billion in 2030. Providing basic services to this rapidly expanding urban population must be a top priority if further dramatic increases in dengue, as well as other infectious diseases, are to be prevented.

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Source: The Lancet



### HEALTH AND SCIENCE BULLETIN

#### SURVEY

## Management practice about childhood diarrhoea in Bangladesh

Diarrhoea is a leading cause of childhood death, killing nearly 2 million children under age 5 every year. The majority of these deaths can be prevented by the timely use of oral rehydration solution (ORS) and continued feeding, but these are practiced by less than one-third of children in South Asia. Beside ORS, zinc is one of the most effective measures to reduce under-five mortality due to diarrhoea. The 'Scaling up Zinc for Young Children' (SUZY) project conducted by ICDDR,B will, for the first time, provide zinc treatment for diarrhoea on a large scale to the entire under-five population of Bangladesh. Prior to launching the intervention, this national survey of childhood diarrhoea management practices was undertaken to evaluate household management practices, utilisation of health services, illness expenditures, and disparities in relation to gender, income status and geography. It will then be possible to monitor changes in practices that coincide with the scaling up of zinc in Bangladesh.

ICDDR,B conducted a nationally representative cross-sectional cluster survey of households in Bangladesh to evaluate management practices for childhood diarrhoea. A total of 7,247 children with diarrhoea within the preceding 2 weeks were enrolled. Among children who sought care outside of the home 92 per cent visited private providers, a minority of whom were licensed physicians. Over 70 per cent of residents of Dhaka and Chittagong used oral rehydration solution, but fewer than 50 per cent of rural residents did.

From the study it was found that -- throughout Bangladesh health seeking practices for childhood diarrhoea are dominated by the private sector; unlicensed providers, whether village "quacks", drug sellers or homeopaths, continue to be the preferred source of care.

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Source: ICDDR,B

### Health tips

## Speedy ways to ease itching



**From the medicine cabinet**

Toothpaste produces a cooling sensation that distracts from the itch by counter-irritation. Shake a few drops on the bite; be sure not get any in your eyes.

Liquid soap may neutralise the toxins in an insect bite. Dab it on, and don't wash it off.

Alcohol acts as a solvent, helping to remove toxins deposited by the bite. It may also inhibit certain proteins in the bite that cause irritation.

Aspirin helps control inflammation. Moisten the itching skin, and rub an aspirin tablet over the bite. Obviously, this tip is not suitable for the individual allergic to aspirin.

Balm contains menthol, which deadens nerve endings.

**From the kitchen**

Chilli sauce may take mind off the itch by counter-irritation. Shake a few drops on the bite; be sure not get any in your eyes.

Milk cools and soothes the skin; its proteins may be anti-inflammatory.

Onions contain enzymes that break down chemicals our body releases in response to pain. They also contain quercetin, which relieves inflammation. Crush onions; rub the juice into your skin.

Baking soda neutralises acidic insect venom. Make a paste by rubbing a teaspoon of it in your hand with a little water, and apply it to the bite.

## Don't depend too much on antacids

Occasional use of antacids is fine, but taking them too often for too long may cause serious health problems.

Antacids contain calcium, magnesium or aluminum. In large doses, each of these ingredients can cause potentially harmful side effects.

Antacids that contain calcium can cause kidney stones if they are taken in high doses for months or years. Antacids that contain magnesium can cause diarrhea if they are taken too often, and they are especially dangerous for people with kidney disease. In these people, too much magnesium can result in low blood pressure, breathing problems and even death.



Taking too many antacids that contain aluminum can result in a disease that causes bones to become brittle and painful. Aluminum can also result in constipation.

Various antacids may result in different systemic manifestations. This is why, people who continually need to take antacids should see a doctor.