

SWINE FLU

Don't panic at the pandemic

DR IQBAL KABIR

It has been a while since the world was faced with a challenge with a pandemic. When people got the news of a new kind of a flu it was already spreading around in more than one country around the world.

WHO raised the alert to five from three on a scale of six. A phase five alert means human-to-human transmission in at least two countries. The move comes after a 23-month-old Mexican child died in Texas.

Many might think that as the name suggests it is spread through pigs and Bangladeshi people being Muslim in majority would not get affected. Facts denote that this is not entirely true. One of those who died in Mexico was confirmed to have been a Bangladeshi who had been in the country for six months. Authorities are searching for his brother who is believed to have left after visiting Mexico, and is suspected of being sick.

It does not matter whether you eat pork or not. This influenza which originates in pigs has the ability to be transferred from pigs to human and then from human to human. And the World's Public Health Community was alerting us about a 'Pandemic Flu' since the emergence of 'Avian Flu' (H5N1) virus. But now it came as 'Swine Flu' with the quick mutating characteristics of human to human transmission (H1N1).

What is "Swine Flu"?

Swine Flu is a highly contagious acute respiratory disease of pigs, caused by one of several swine influenza A

viruses. It is common in swine and rare in humans. People who work with swine, especially people with intense exposures, are at risk of catching swine influenza if the swine carry a strain able to infect humans.

Signs and symptoms

According to the Center for Disease Control and Prevention (CDC), in humans the symptoms of swine flu are similar to those of influenza and of influenza-like illness in general. Symptoms include fever, cough, sore throat, body aches, headache, chills and fatigue.

The 2009 outbreak has shown an increased percentage of patients reporting diarrhea and vomiting. A diagnosis of confirmed swine flu requires laboratory testing of a respiratory sample (a simple nose and throat swab).

Prevention

Prevention of swine influenza has three components: prevention in swine, prevention of transmission to humans, and prevention of its spread among humans. We need to focus on the third component now.

Influenza spreads between humans through coughing or sneezing and people touching something with the virus on it and then touching their own nose or mouth. Swine flu cannot be spread by pork products, since the virus is not transmitted through food.

The swine flu in humans is most contagious during the first five days of the illness although some people, most commonly children, can remain contagious for up to ten days.



Recommendations to prevent spread of the virus among humans include using standard infection control against influenza. This includes frequent washing of hands with soap and water or with alcohol-based hand sanitizers, especially after being out in public.

Experts agree that handwashing can help prevent viral infections, including ordinary influenza and the new swine flu virus. Influenza can spread in coughs or sneezes, but an increasing body of evidence shows little particles of virus can linger on tabletops, telephones and other surfaces and be transferred via the fingers to the mouth, nose or eyes.

Alcohol-based gel or foam hand sanitizers work well to destroy viruses and bacteria. Anyone with flu-like symptoms such as a sudden fever, cough or muscle aches should stay away from work or public

transportation and should see a doctor to be tested.

Social distancing is another tactic. It means staying away from other people who might be infected and can include avoiding large gatherings, spreading out a little at work, or perhaps staying home and lying low if an infection is spreading in a community.

How to be protected
To protect yourself, practice general preventive measures for influenza:

- Avoid close contact with people who appear unwell and who have fever and cough.

- Wash your hands with soap and water frequently and thoroughly.

- Practice good health habits including adequate sleep, eating nutritious food, and keeping physically active.

- If there is an ill person at home:

- Try to provide the ill person a separate section in the house. If this is not possible, keep the patient at least 1 meter in distance from others.

- Cover mouth and nose when caring for the ill person. Masks can be bought commercially or made using the readily available materials as long as they are disposed of or cleaned properly.

- Wash your hands with soap and water thoroughly after each contact with the ill person.

- Try to improve the air flow in the area where the ill person stays. Use doors and windows to take advantage of breezes.

- Keep the environment clean with readily available household cleaning agents.

Treatment

WHO recommends the use of Tamiflu (oseltamivir) or Relenza (zanamivir) for the treatment and/or prevention of infection with swine influenza

viruses. However, the majority of people infected with the virus make a full recovery without requiring medical attention or antiviral drugs.

The virus isolates that have been tested from the US and Mexico are however resistant to amantadine and rimantadine.

If a person gets sick, antiviral drugs can make the illness milder and make the patient feel better faster. They may also prevent serious flu complications. For treatment, antiviral drugs work best if started soon after getting sick (within 2 days of symptoms).

Need to do

It is now an absolute necessity to stay alert at all entry points to the country. People need to be checked for flu like symptoms specially with people arriving from countries known to have confirmed or suspected cases of the Swine Flu.

Confirmed cases are found at Mexico, United States, Canada, United Kingdom, Spain, Germany, New Zealand, Israel and Austria.

Bangladesh being one of the densely populated countries of the world would be in a dangerous situation if the pandemic reaches here. Like other countries of the world, Bangladesh needs to be vigilant and have a plan of action if hit by this pandemic, otherwise there would be nothing much left to be done for. Be alert, don't panic the pandemic.

The writer is an epidemiologist and public health expert in risk communication working for the World Health Organisation. But the article does not reflect the organisational stand point.

HAVE A NICE DAY

DR RUBAUL MURSHED



Triglyceride, another danger person

If there is high cholesterol along with high triglycerides (TGL), chances of developing heart related problems are more. According to American Cholesterol Education Programme Expert Panel, normal TGL level is 150 mg/dl and high means 200-499 mg/dl and borderline high is between 150-199 mg/dl. If the level goes above 500 — that is very dangerous.

Triglycerides are a scientific term for fatty deposits stored in our body. As we mentioned above, triglyceride levels are directly influenced by what you eat. Anything that increases blood glucose will potentially increase triglycerides.

Our body transforms the carbohydrates that we eat into glucose to be used for energy by our cells. Once the cells have what they need, the excess glucose is sent back to our liver and converted to glycogen. Glycogen can then be stored in our body muscles.

Once we have reached our capacity of glycogen, excess glycogen is sent back to our liver again, where it becomes triglycerides, which are stored as fat. Interestingly our body has endless storage space for this fat. And some of these triglycerides are not stored as fat, but remain in our blood stream, which is where the problem lies.

Excess levels of triglycerides thicken our blood, making it sludgy, which increases the possibility of clotting and blockage which could eventually lead to a heart attack or stroke. This is why it is so important to keep our triglyceride levels as low as possible.

The most important step to take is to lower

your carbohydrate intake. The low carbohydrate diet is being recommended by more and more doctors and nutritionists as science is proving the carbohydrate fat relationship outlined above. As well as excess sugar should also be avoided, as it is converted to glucose and in turn triglycerides much the same way as carbohydrates are.

One of the most important steps we should follow is avoiding the bad kinds of fat which means trans-fats and hydrogenated oils found in margarine, processed and refined foods and fast food.

These trans-fats are really very dangerous! That means following a no-fat diet is not a solution. Our body needs good fat in certain quantities. In fact, we need to avoid the bad fats — the trans and hydrogenated fats and oils which are artificially processed to make foods last longer. Try to restrict also whole milk and dairy products.

Here are five tips to lower TGL:

1. Trim visible fats from meats
2. Cook with canola or olive oil
3. Limit sugar intake and other sweetened beverages like bottled juices and fizzy drinks. Restrict animal milk and dairy products
4. Include Omega 3 rich foods like fish oils and flax seed/black seed
5. And top of everything — eat a healthy diet low in saturated fats and trans-fats and keep a healthy weight

But if the TGL level is above danger level immediately consult a specialist doctor.



Botox injections may ease diabetic foot pain

People with diabetes often suffer from chronic foot pain because of nerve damage, but relief may be at hand. Taiwanese doctors have shown that the pain can be reduced substantially by injections of botulinum toxin type A — better known as Botox — into the skin on top of the foot.

Dr Chaur-Jong Hu, at Taipei Medical University, and associates tested the treatment in 18 patients with type 2 diabetes who had nerve-related pain in both feet.

The participants were randomly assigned to get injections of Botox or saline, then 12 weeks later crossed over to receive the opposite treatment.

At the start of the study, the average pain score on a scale of 0-10 points was 6.36. There were significant differences in the decrease in pain scores between the Botox and saline injections during each 12-week period.

Specifically, at 12 weeks, the score was reduced by 2.53 points with Botox injections compared with 0.53 points with the saline injections.

Moreover, 44 percent of the subjects had a reduction of at least 3 points in their pain score within 12 weeks after the Botox injections. An added benefit was that patients are able to sleep much better after the treatment.

Hu's team concludes that intradermal Botox injections "are an effective and safe method of relieving diabetic neuropathic pain in the feet." However, "the detailed underlying mechanisms, optimal dosage, and precise course of therapy require further evaluation."

Source: Neurology

Blow away the myths about thalassaemia

STAR HEALTH DESK

Like every year, International Thalassaemia day was observed in Bangladesh on May 8. The theme of this year was "Reach every patient". Thalassaemia is an inherited disorders of the blood that is passed from parents to children through the genes.

When the name Thalassaemia (thalassa meaning sea, i.e. the Mediterranean sea, and anaemia meaning weak blood) was first described in the patients of Mediterranean countries, it was strongly believed that it occurred exclusively in these countries. But it was proved wrong as many people from other countries including Bangladesh were found struggling to cope

thalassaemia and the battle still continues.

From then, there are many myths regarding thalassaemia and some of them are still prevailing.

Myth: Thalassaemia carriers are sick and anemic.

Fact: Usually when we ask a person that you may be a Thalassaemia carrier and get yourself tested, the straight forward reply is — I am fine, I am healthy; I am hail and hearty. He thinks Thalassaemia carriers are sick and anemic. Thalassaemia carriers are not at all sick; some may be anaemic and around one third Thalassaemia traits have haemoglobin (Hb) level above 13gm/dl which is quite normal.

Myth: Thalassaemia carrier

couples will always have Thalassaemia Major children.

Fact: People think that Thalassaemia carrier couples will always have Thalassaemia Major children, which is not true. When both the partners are Thalassaemia carriers there is 25 percent chance of having a Thalassaemia Major child, 50 percent Thalassaemia carrier/Minor and 25 percent normal i.e. not even a carrier. And if only one or none of the couple is a carrier, none of the child will be a Thalassaemia Major.

Myth: Thalassaemia is not preventable.

Fact: Thalassaemia is 100 percent preventable. Thalassaemia can be easily prevented by pre-marital/pre-conceptual or early pregnancy

screening followed by marriage counselling and antenatal diagnosis if required.

Myth: There is no treatment for Thalassaemia Major.

Fact: Thalassaemia Majors can live normal life if they are given adequate transfusion and iron chelation therapy. General public can play a major role in helping the Thalassaemics to live a normal life by voluntary blood donation once or twice a year.

Myth: Thalassaemia cannot be cured.

Fact: Thalassaemia can be cured by bone marrow transplantation but it requires HLA matched siblings. However, HLA matched donor is not always available and the procedure is very costly.

Shun heat stroke in summer

DR MD RAJIB HOSSAIN

As the mercury shows an upward trend, the threat of heat-related illnesses specially heat stroke rises manifold. Doctors recommend to get hydrated properly and take several measures to prevent heat stroke, otherwise which could be fatal in extreme cases.

Heat stroke, also known as heat hyperpyrexia, occurs due to overheating of the body. The common symptoms and signs of heat stroke are high body temperature, absence of sweating with hot red or flushed dry skin and difficulty in breathing, giddiness, headache, tiredness and even losing consciousness.

When temperature rises more than 105°F, patient

becomes unconscious and could even die, if not properly treated. Due to high fever, there might be severe dehydration, kidney failure or internal haemorrhage (bleeding) which could lead to death.

Heat stroke can also occur in people who are not habituated in hot humid environment or hot sunny season. Certain people, who lack sweat glands, are prone to heat stroke. Unsuitable clothing and poor ventilation always increase the risk. People who are exposed to sun for longer period and lack sweating, may develop body temperature as high as 105°F.

Due to abnormal rise of body temperature, it is the central nervous system which gets commonly affected. The thermoregulatory centre that controls

body temperature fails leading to congestion and increased pressure inside the brain.

The life of affected person can be saved by simple measures. Temperature should be brought down as quickly as possible. Bring the patient to a shady area, remove the clothes, apply cool water on the skin, fan the patient to loose temperature by sweating and evaporation and place ice packs under the armpits and groin. Monitor the body temperature and continue the cooling efforts until the body temperature drops to 101-102°F.

Drinking of plenty water every day is the best way to prevent heat stroke. Taking ORS (Oral Rehydration Solution) are preferred to prevent

dehydration. Extra salt should be taken in food or in the form of ORS. Lose cotton clothes, covering most part of the body should be worn. Avoid going out in the sun as possible.

This type of weather can be fatal for children whose immunity level is weaker than of the adults. They are certainly more susceptible to heat stroke.

The usual complaints in case of children are nasal bleeding, inadequate urination, irritation in eyes, headache, nausea, vomiting and loose motions. Experts suggest to avoid direct exposure to the sun from 9 am to 4 pm and to ensure drinking lots of water or ORS to keep body hydrated.

E-mail: rajibssmc@gmail.com

HEALTH TIPS

Are leg cramps disturbing your sleep?

Leg cramps are most common during rest or sleep. To prevent leg cramps, stretch your calves and feet at least three times a day, including before bedtime. Stand two to three feet from a wall, placing your hands on the wall. Keep your heels on the floor. Bend one knee to lean toward the wall. Hold for 15 to 30 seconds. Straighten your leg. Repeat with the other knee. Stretch each leg at least three times. It also helps to drink plenty of fluids during the day.



New hope for cancer treatment and prevention

STAR HEALTH REPORT

With a view to focus on new strategies to prevent and treat cancer, Bangkok Hospital and Dr Somsit Tancharoen, a senior consultant were present as guest speaker on the occasion. Dr Somsit presented the keynote paper entitled "New hope for cancer treatment and prevention".

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