

# Welcome winter, not respiratory infections

## STAR HEALTH REPORT

Respiratory infections like colds, sore throat, tonsillitis, laryngitis, bronchitis and influenza-like illness (ILI) or seasonal flu are common in winter. These infections are often caused by viruses that start flourishing with the dropping of temperature. Most of the respiratory infections that occur in winter are self limiting and disappear within a few days without any medical intervention.

These medical illnesses are costly as they are responsible for 40 percent of the absenteeism in the workforce and millions of lost school days. These infections are irritating and can make you to feeling bad all the time. With some simple but highly effective steps to maintain respiratory hygiene, we can prevent common respiratory infections. If you get sick, you can even take care of yourself to keep the infection from getting worse.

The winter is upon us and with that comes an increased number of respiratory infections in both

children and adults. Most are fairly mild, self-limiting and confined to the upper respiratory tract. In some instances, however, and especially in infants and children, upper respiratory infections (URI) may cause more severe disease. Most respiratory infections are viral. Some are the result of bacteria and others may be a combination of the two.

These infections typically present with similar symptoms like stuffy or runny nose, cough, sore throat, muscle aches, low grade fever and headache. It can frequently appear in closed settings such as schools and long-term care facilities, when multiple agents may be involved.

At this time, hospitals experience winter surges in outdoors and indoor admissions due to respiratory infections signaling that activity of respiratory viruses are increasing and is expected to peak in several weeks.

The spread of most respiratory illnesses can be controlled through the use of good infection control practices including proper hand hygiene and respiratory



hygiene. Good hand washing is the best way to avoid spreading colds from person to persons. To reduce the spread of infection, we can follow the following practices:

- Wash hands frequently with soap and especially after coughing or sneezing
- Clean the whole hand, under the nails, between fingers and up to wrists. Wash for at least 15-20 seconds. Do not just wipe but

rub well

- Cover mouth with a disposable tissue when sneezing or coughing and then discard the tissue
- Avoid close contact with persons who have cold

Since most of these infections are mild, they do not always reach medical attention. Testing for these infections is not always available or accurate. The very best treatment is rest and hydration. Extra rest helps

strengthen the immune system. So it can effectively fight off the virus and bacteria. Keeping well hydrated by ingesting liquids eases the discomfort of nasal congestion. You can use over-the-counter medications but they will not cure the infection. They will only make the symptoms easier to bear.

Since it is normal to have a low fever, the drug — Paracetamol can reduce it and relieve the general feel-

ing of malaise. Since URI may involve congestion in the sinuses and lungs, sore throat and ear pain or all of these, there are various other medications to soothe sore throats coughs, and congestion.

However if your fever is higher than 102 degrees, does not go away, or does go away but then returns with new symptoms, you need to see a doctor. A URI should run its course in 7 to 14 days but if it lasts longer, you also need to consult a doctor.

Occasionally a viral infection will cause a secondary bacterial infection. In this case, you need to be treated with antibiotics and of course, should be recommended by a physician. But in many cases URI's are frequently treated with antibiotics. Indiscriminate use of antibiotics should be avoided. This is ineffective for two reasons. First, viral infections do not respond to antibiotics. Secondly, this help bacteria build up a resistance to antibiotics thereby compromising their effectiveness in situations where they were really needed.

## Soy foods may curb hip fracture risk in older women

Postmenopausal women may lessen their chances of fracturing a hip by adding soy-based foods to their diet, a study from Singapore hints.

Women in the study were 21 to 36 percent less likely to fracture a hip when they reported eating a moderate amount of soy, Dr. Woon-Puay Koh, at the National University of Singapore, and colleagues found.

In their study, daily moderate soy intake was at least 2.7 grams of soy protein, 5.8 milligrams of soy isoflavones per 1000 calories, or the equivalent of 49.4 grams of tofu.

This level of soy is consistently "higher than the low levels of consumption in the

West," Koh told. Moderate soy intake was associated with a reduced risk of hip fracture among women, but not among men.

The current findings are consistent with those of a previous investigation in postmenopausal Chinese women in Shanghai who showed a 30 percent reduced risk for hip fracture among those consuming higher amounts of soy.

Koh and colleagues surmise that the bone-protective effects of soy isoflavones may play a critical role in the bone health of postmenopausal women.

Source: American Journal of Epidemiology

## OPINION

# Preparation before H1N1 vaccine introduction

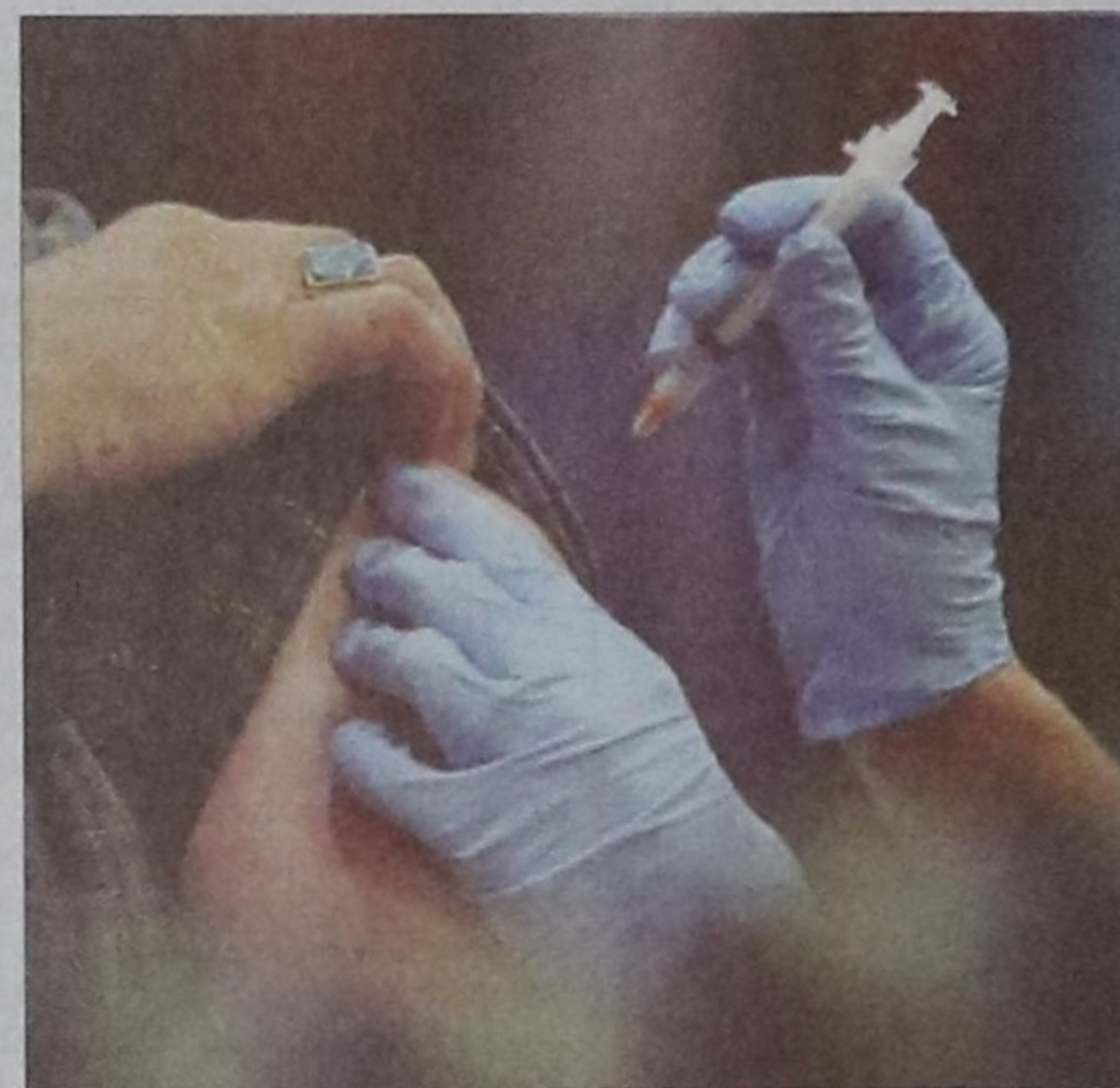
PROF DR A K M KAFILUDDIN

The World Health Organisation (WHO) has pledged to ensure vaccine for all to prevent H1N1 influenza A virus (commonly known as Swine Flu virus). Initial doses of 2009 H1N1 flu vaccine have already been introduced recently in some countries.

The Ministry of Health and Family Welfare of Bangladesh has proposed vaccination against pandemic flu when it will be available in the global market. As the vaccine is a new one, we have to keep certain things in mind before its introduction. We have to ensure the safety and make it accessible specially to the vulnerable groups like health workers, pregnant women and children.

The following points should be considered with great importance:

1. Approval of the use of new pandemic influenza vaccine A (H1N1) will have to be given by National Regulatory Authority who will certify the safety of the vaccine.
2. Before the use of pandemic influenza (H1N1) vaccine, it must be tested in



a few people before it is used for mass population in Bangladesh. The clinical trial must be performed in Bangladesh. Regulatory agencies in Bangladesh may require clinical testing before approval of vaccine which adds to the time before the use of vaccine. Trials are to be performed to get essential information on immune response and safety.

3. Target groups for vaccination by pandemic vaccine are to be considered. Target

group consist health care workers in the first priority to protect the essential health infrastructure. Second group consist of pregnant women, children aged about 6 month with several chronic medical conditions, healthy young adults of 15 to 49 years of age. There should be post marketing surveillance of the highest possible quality.

4. Pandemic influenza (H1N1) vaccine should be subjected to field trial reaction and antigenicity in

Bangladesh.

5. A serological survey for this swine flu vaccine has to be undertaken to observe the development of antibody in a control population and relation of the antibody titre to the pattern pandemic swine flu.

6. Intensive monitoring should be conducted for safety and to observe any adverse effects. During vaccination, observation should be made for side-effects and to see if the side effects are similar to the side effects observed with seasonal influenza vaccine.

7. Whether vaccination will produce any major symptoms like Guillain Barre Syndrome (GBS), acute febrile polyneuritis which means ascending type of paralysis from leg to hands up to head.

8. Before vaccination, antigenic drift and antigenic shift of group A virus are to be considered because the degree of mutations are different between A and B type of virus.

The writer is a Professor Emeritus and Founder Director of National Institute of Preventive and Social Medicine (NIPSOM). The article is completely the opinion of the writer himself and does not necessarily reflect the views of Star Health.



## Scientific seminar on bone health

### STAR HEALTH REPORT

To mark the World Osteoporosis Day, New Zealand Dairy Products Bangladesh Ltd. recently organised a scientific seminar on Bone Health management recently at the National Institute of Traumatology and Orthopedic Rehabilitation (NITOR) at Sher-E-Bangla Nagar, Dhaka — says a press release.

Director of NITOR, Pro-

fessor K H Abdul Awal Rizvi was present at the seminar as the keynote speaker.

One in every three women suffers from bone decay and one in every five men is at risk. Osteoporosis is a disease in which bones become fragile and more likely to break.

If left untreated, osteoporosis can progress painlessly until a bone breaks. These broken bones, also known as fractures, occur typically in the hip, spine, and wrist.

## Global hand washing day observed



Global Handwashing Day was observed on October 15. Throughout Bangladesh, about 75000 children in different schools and madrasahs participated in handwashing programme on that day.

School girls of Kishoriemon Girls School, Sylhet are seen in the picture washing their hands by proper method in their school premise.

Simply washing hands with soap can reduce over 40 percent of diarrhoeal disease and 25 percent of respiratory infections.



Dr. See Hui Ti



Dr. Melvin Look

## Advancement in cancer care

### DR TAREQ SALAHUDDIN

Cancer is a growing problem around the world. The number of cancer patients are increasing day by day. Lack of awareness, diagnosis in the late stage, resource constraints to provide treatment facilities to the major population are contributing to make the situation more miserable in countries like Bangladesh.

Recently two renowned cancer specialists from Singapore visited Bangladesh. They shed the light of advancement in cancer care while sharing view with Star Health. Most importantly both of them emphasised on screening, early detection and prevention of cancer.

Dr. See Hui Ti, a Consultant Medical Oncologist and Physician at Parkway Cancer Centre, Gleneagles Hospital talked about breast cancer and cervical cancer of the woman.

Breast and cervical cancers are very common among the woman. Especially cervical cancer is more common in this region.

About breast cancer, she told that the most important issue is early diagnosis and prompt treatment. So screening is the very important thing. The earlier the diagnosis is made, the more accurate treatment is possible.

Now tailor made treatment can be given with the help of improved imaging technology.

She told that the mammogram is not encouraged in young women. This is more preferable for the age group above 40 years.

Once there is lump (an irregularly shaped mass or piece) in the breast, it should be examined by the doctors. Although all lumps are not cancers, yet they need to be checked properly.

She added — what we emphasis is the patient education and self examination of breast which are really cost effective. Men / the male partners should also need to be educated about breast cancer. Patients with strong

family history should undergo regular routine examination of breasts.

About cervical cancer, vaccines are very effective. But at the same time, they are very expensive. There is a simple test called — Pap smear test that is very important detecting the cancer of cervix.

For older woman, Pap test should be performed routinely, even the individual is vaccinated.

Dr. Melvin Look is a Senior Consultant General Surgeon of Mount Elizabeth and East Shore Hospital, Singapore. Dr. Look is a general surgeon with a subspecialty expertise in gastrointestinal surgery, therapeutic endoscopy (including ERCP) and advanced laparoscopic surgery.

He discussed about stomach and colon cancer. He shared that the management of stomach cancer has been improved tremendously in the last decade. With the help of precise imaging technique, removal of the lymph nodes around the stomach is easier now. This is done laparoscopically which reduces the hassle of cutting the whole abdomen staying more in the hospital.

Here also comes the factor of early detection. The treatment outcome is better and there is no metastasis (spread of cancer in distant portion in the body). Now 100% cure is possible in case of the patient with detection at stage-I. Endoscopic removal of lymph nodes has opened a new window in the treatment.

Dr. Melvin told that there is strong relation with stomach cancer and smoking. So it must be prevented.

However, prevention is not much easy in case of stomach cancer, so we do emphasis on early diagnosis, informed Dr. Melvin.

Science is getting advanced day by day and offering better treatment options. But the need of prevention will never end up on which we should pay attention.

E-mail: tareq.salahuddin@gmail.com

## Free breast cancer counselling

### STAR HEALTH REPORT

To mark the breast cancer awareness month October, a ten day long session on "Free breast cancer counselling" has started from October 22 in Dhaka city — says a press release.

Bangladesh Cancer Society with the help of Sanofi-Aventis Bangladesh Limited has organised the session at Bangladesh Cancer Hospital

and Welfare Home.

Interested women are requested to join in the discussion at the venue 120/3 Darussalam (Technical more), Mirpur 1, Dhaka.

The session is scheduled to start everyday from 2 pm to 4 pm. Interested participants can contact through phone at the following numbers: 8055507, 8057490, 01553304051.

## Training on eye care



Recently "Dhaka Urban Comprehensive Eye Care Project" (DUCCEP) has started a training programme on Primary Eye Care for about 2000 front line staffs and volunteers of collaborative partners. They will communicate with the target poor and extreme poor people in the urban area of Dhaka city to provide them eye care services through disseminating necessary information, proper referral and other supports.

The project is funded by Standard Chartered Bank under its global initiative Seeing is Believing (SiB) and Sightsavers International. Islamia Eye Hospital remains as lead partner in collaboration with three other hospitals — Bangladesh National Society for the Blind (BNSB), Dhaka Eye Hospital at Mirpur, Ad-din Hospital, located at Maghbazar, Salaudin Specialised Hospital Ltd., located at Hatkhola and other development organisations.