

WORLD PNEUMONIA DAY

Combat pneumonia, help children struggling to breathe

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Every 15 seconds, pneumonia claims another child. It kills more than 2 million children under 5 each year — more than measles, malaria, and AIDS put together. Still, pneumonia is the single biggest killer of children in the developing world. But prevention strategy and treatment facilities are yet to provide at standard level. In order to draw proper attention to this major neglected threat World Pneumonia Day will be observed for the first time on November 2.

Pneumonia is an inflammation of lungs, usually caused by infection by bacteria, viruses, fungi or parasites. However, numerous conditions, including malnutrition and systemic illness, can lower the normal protection and allow harmful organisms to invade our body's defense.

The lungs become inflamed and filled with fluid, leading to the difficult breathing that characterises many types of pneumonia. Children have nascent immunity and much prone to develop pneumonia. Childhood pneumonia is more dangerous and it is our main concern.

The bacterial pathogen, severity of the disease, and

age of the patient may cause substantial variations in the presentation of acute bacterial pneumonia. Infants may have fever, cough, difficulty in breathing, running nose, excessive crying, restlessness, difficulty in feeding. If any child vomits everything, becomes unconscious or has convulsion then it needs immediate hospitalisation. The mortality of these children is very high.

Treatment of suspected pneumonia is based on the presumptive cause and the clinical appearance of the child. For mildly ill child who do not require hospitalisation, oral antibiotic is recommended. Ironically only 28 percent children get antibiotic during pneumonia in Bangladesh. Some antibiotic are resistant to microorganisms that cause pneumonia. Some are costly for poor people of Bangladesh. So it is better to prevent pneumonia than treat.

Handwashing can help a lot to reduce the spread of germs and diseases. This is a simple and inexpensive way to help protect children from pneumonia. Zinc is an important micronutrient that has been found to prevent child pneumonia and reduce the risk of death from pneumonia. Undernourished children may need



"The objective to mark the World Pneumonia Day is to reduce the gap in the availability of vaccines and other treatment supports between developed and developing countries. Policy makers should consider preventive measures as the right of the children rather than privilege."

Dr Samir Saha,
Executive Director of Child Health
Research Foundation

inexpensive zinc supplements for their growth and make up the lack of zinc in their diets. Zinc supplementation can reduce that rate of pneumonia in children by 14 to 25 percent.

Babies born with a low birth weight are at risk for pneumonia, other health problems and even death. Low birth weight is related to the health and nutritional status of mothers, so should be maintained properly. Exclusive breastfeeding

during the first six months of life is one of the best ways to protect children from pneumonia and many other diseases. Exclusive breastfeeding can reduce the rate of pneumonia among young infants by 15 to 23 percent.

Malnutrition weakens children's immune systems. It also weakens their muscles, making it more difficult to cough and breathe if they become sick with pneumonia. Undernourished children are at higher risk for illness and death. So it is critically

important that all children receive good nutrition.

Indoor air pollution may be caused by many different sources, including cigarette smoking and the burning of biofuels for cooking in the poor urban and rural setup. Reducing indoor air pollution can help to protect children from pneumonia and other respiratory diseases.

Some diseases, like measles and whooping cough, can lead to pneumonia as a complication, so vaccination against these diseases

should be ensured.

Haemophilus influenzae type b (Hib) is an important cause of pneumonia. Government of Bangladesh has introduced Hib vaccine in its national immunisation programme. Improving immunisation coverage should be an imperative to ensure that each and every child receives these vaccines. Pneumococcal conjugate vaccines are used throughout most of the developed world to protect children from pneumococcal pneumonia.

The greatest tragedy is — most of these child deaths can be prevented through vaccines, early diagnosis and proper treatment with antibiotics. Integrated and multi-sectoral programmes are needed to save our child from pneumonia.

There are some policy issues that our stakeholders should prioritise. Vaccine to prevent pneumonia is part of the solution, and it is available now. We should not make delay for decision and proper action. We can NOT afford to miss the train of hope — the pneumococcal vaccine that could save millions of children every year from early grave. Time lost means lives lost. We must act immediately to help our children struggling to breathe.



Human and animal rabies control

STAR HEALTH REPORT

In order to discuss the current Rabies burden in Bangladesh, Obhoyaranno — an Animal Welfare Society in collaboration with Directorate General of Health Services under the Ministry of Health and Family Welfare held a multi-stakeholder conference recently at the SASAKAWA Auditorium of ICDDR,B — says a press release.

Although Rabies is a major public health issue, it is relatively under-reported disease in Bangladesh. Despite the high human and animal death toll, no appropriate or adequate measures have so far been taken to address this issue properly.

Lack of awareness, access to good quality and affordable post exposure human vaccines and unsafe dog population are the three determining factors of Rabies in Bangladesh.

It is unfortunate that despite the availability of all tools and technology for human rabies prevention and dog rabies elimination, Bangladesh has the second highest rabies related death toll in the world.

The focus of the seminar was to discuss a holistic approach to controlling human and animal Rabies and the roles of difference stakeholders. Two key note presentations were delivered respectively by Professor Mahmudur Rahman, Director, IEDCR and Ms Rubaiya Ahmad, CEO, Obhoyaranno.

Dr Rahman said in his presentation that successful elimination of human rabies needs

prevention of animal rabies, public awareness and people's access to low cost and high quality post exposure vaccines. Leaving any of these three components out of the equation will fail to deliver the desired results. He urged the Ministry of Health to declare Rabies as a priority disease and allocate necessary financial support through HNPS (Health, Nutrition and Population Sector Programme) to fund the activities.

Rubaiya Ahmad's presentation gave details of Animal Birth Control (ABC) programme as it is practiced in many countries in the region includ-

ing Sri Lanka, Nepal and India with wonderful results.

In Bangladesh, in the hope of finding a quick solution to Rabies and overpopulation of stray dogs, the Local Government authorities resort to mass destruction of stray dogs only to discover that the destruction had to continue using government resources, year after year, with no end in sight. Dhaka City Corporation alone kills 70-80 dogs per day. Huge amount of government resources are allocated to killing these dogs every year.

Dog culling is considered cruelty to animals worldwide and can have devastating social, economic and environmental effects in the country. Ms. Ahmad proposed an alternative and more humane and effective dog population management through an Animal Birth Control (ABC) and mass stray vaccination programme that would not only curb the stray population but will also effectively prevent spread of Rabies. Ms. Ahmad also urged the Local Government to re-assess its existing pet registration policy to make it more affordable and accessible to the common people.

In light of the recommendations made by IEDCR and Obhoyaranno, the honorable Chief Guest and Secretary of MoHFW Mr. Shaikh Altaf Ali assured that his ministry would look into this issue from a new perspective and will undertake Rabies control activities that are effective and promises a long term solution.

As Rabies is a public health issue, it is the mandate of the Ministry of Health to lead this effort forward. However, successful implementation of a National Rabies Control Programme requires a multi-stakeholder approach with involvement of the Local Government Division, Department of Livestock, Pharmaceutical Companies, NGOs and Civil Society leaders — said the Secretary. Mr Monzur Hossain in his speech.

Dr Habibur Rahman, the Director General of Livestock also extended his department's support to do whatever necessary to eliminate Rabies and stop mass dog culling in Bangladesh.

BISS organises training on Team Physician and Sports Physiotherapy

STAR HEALTH REPORT

In order to increase expertise in sports medicine, Bangladesh Institute of Sports Science (BISS) has organised two international training courses, says a press release.

First one titled "Sports Physician Course" is scheduled during coming December 2 to 6 and another one titled "Sports Physiotherapy Course" is scheduled during December 7 to 13.

Four renowned sports medicine specialists from Turkey and Canada will train the participants at Dhaka Community Medical College Hospital premise. Bangladesh Medical Association of North America, Turkish Federation of Sports Medicine, City Sports Physiotherapy-Canada and Dhaka Community Medical College Hospital will provide necessary support to BISS for the training courses.

Healthcare professionals from all branches of medical science including Orthopaedics, Physical Medicine and Rehabilitation, Physiotherapists, Human Physiology, Pharmacology/Pharmacy, Biochemistry and Nutrition,

Emergency Medical Doctor, Psychology, Gynaecology, Anatomy, Human Anthropology, Ophthalmology can attend the courses. University Graduate in Homeopathy, Ayurvedy and Unani, Acupuncture, representatives from Police, Ansar, BDR, Army, Navy, Air force, organisations, Coach, Athletes/sportsman, Physical Exercise teachers, Exercise physiologists, Village defense party are also encouraged to join the course.

Interested participants are requested to submit their CV along with 2 recent passport size photographs as early as possible to the following address:

Secretary General, Bangladesh Institute of Sports Science, G.P.O. Box no 2776, Ramna, Dhaka or to BISS at 346 Elephant Road (1st floor), Dhaka.

People can contact through e-mail: kribabigga1978@gmail.com or mobile phone number: +8801711528279, +8801713245903, +8801715029304, +8801715062484 and +8801716208920.

Stroke: a preventable and treatable catastrophe

STAR HEALTH DESK

Stroke is a major cause of long term disabilities and premature deaths. Stroke ranks second to ischemic heart disease as a cause of death; it is also a leading cause of serious disability, sparing no age, sex, ethnic origin, or country. Experts urged to raise awareness level and early treatment to prevent the growing epidemic and lessen the disabilities due to this. If nothing is done, the predicted number of people who will die from stroke will increase to 6.7 million each year by 2015.

Stroke occurs when a vessel that brings blood to the brain bursts or is clogged by a blood clot. Stroke is associated with aging, unhealthy diets, tobacco use and physical inactivity, fuel a growing epidemic of high blood pressure, high cholesterol, obesity, diabetes, stroke, heart disease and vascular cognitive impairment.

Four out of five strokes occur in low and middle income countries like Bangladesh who can least afford to deal with the consequences of stroke. Six million deaths could be averted over the next 10 years if what is already known is applied. Much can be done to prevent and treat stroke and rehabilitate those who suffer the devastating consequences of

stroke. Stroke can be potentially prevented to a large extent and acute stroke is potentially treatable. Much can also be done for those who have suffered from a stroke and also for their families to help them all reduce with the long term consequences of the disease. By joining forces we can coordinate our efforts to raise awareness of stroke all around the world. We can

risk for stroke and do something about it, they can learn the symptoms of stroke and what to do about them, and they can help advance the stroke cause in many other roles: as a physician, a nurse, a healthcare professional, a patient, a caregiver, a donor, a business person, a citizen, a member of a voluntary organisation, a policymaker, a member of government etc. The theme has been devel-

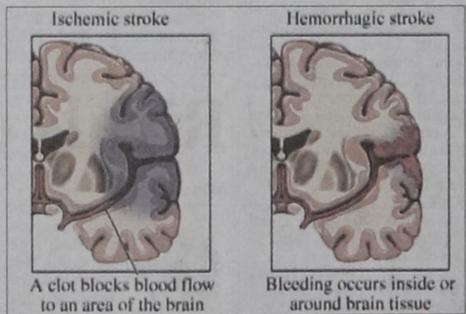
both primary and secondary prevention. Regrettably these drugs are neither accessible nor affordable in many developing countries, nor used optimally in developed ones.

●Discourage unproven, costly, or misdirected practices, which drain resources from more cost effective approaches.

●Educate health professionals at all levels through a common vocabulary, a core curriculum, on-line materials, long distance mentoring, and opportunities for learning in clinical practice settings.

We need to increase awareness of the public, policymakers and health professionals about the causes and symptoms of stroke. The symptoms of stroke are painless and at times transient but sudden weakness or numbness in the face, arm or leg, sudden inability to speak or understand speech, loss of vision in one eye, or sudden loss of balance are as compelling an emergency as crushing chest pain or sudden, severe unusual headache.

Stroke is a preventable and treatable catastrophe, and together we can fight this growing epidemic. Individuals, groups and governments should take action now against stroke either at a personal, family, or group level.



A clot blocks blood flow to an area of the brain

Bleeding occurs inside or around brain tissue

change the future course that stroke is taking today by using and spreading our knowledge globally.

In order to increase awareness of stroke and action that can be taken against it, World Stroke Day 2009 was observed on October 29. The theme: "Stroke — what can I do?" implies that everyone can do something about stroke.

Individuals can learn their

oped to prompt individuals, groups and governments to take action against stroke either at a personal, or group level.

●Although prevention is the most readily applicable and affordable part of our knowledge, it is largely neglected. We need to:

●Encourage healthy environments to support healthy habits and lifestyles.

●Use effective drugs for

Clean living could cut third of many cancers

REUTERS, London

Healthier living could prevent about a third of the most common cancers in rich countries and about a quarter in poorer ones, international researchers said.

Better diets, more exercise and controlling weight could also prevent more than 40 percent of colon and breast cancer cases in some countries, according to the study which urged governments and individuals to do more to cut the number of global cancer deaths each year.

"At the time of publica-

tion, roughly 11 million people worldwide are diagnosed with cancer and nearly eight million people die from cancer each year," said Michael Marmot, who led the study from the World Cancer Research Fund and the American Institute for Cancer Research.

The study involved 23 experts who analysed both the incidence of 12 common cancers across the world and data on diet, exercise and weight to see how these factors contributed to kidney, mouth, lung, gallbladder and the other cancers.

The researchers found that healthier living would prevent 43 percent of colon cancer cases and 42 percent of breast cancer cases in Britain, and 45 percent of bowel cancer and 38 percent of breast cancer cases in the United States.

The findings follow the same groups' study in 2007 that showed how quickly people grow and what they eat are both significant causes of cancer.

They recommended — in line with what health experts, including governments and the U.N. World Health Organisa-

tion, have long been advising — that people follow diets based on fruits, vegetables and whole grains and go easy on red meats, dairy products and fats.

"This report shows that by making relatively straightforward changes, we could significantly reduce the number of cancer cases around the world," Marmot said in a statement.

"On a global level every year, there are millions of cancer cases that could have been prevented and this is why we need to act now before the situation gets even worse."



Ensure care for congenital heart diseases

PROF MONJUR HOSSAIN

Besides the communicable diseases like diarrhoea, pneumonia, mumps etc., congenital heart diseases are still a leading contributing factor that increase the death toll of children. In Bangladesh, approximately 25,000 to 30,000 children born with congenital heart diseases and 90 percent of these children die before their 5th birthday. But the treatment facilities for the large number of children are still very poor and relatively under-focused.

In Bangladesh, there are a very few centres where people can treat their children with congenital heart defects. In National Institute of Cardiovascular Diseases (NICVD), Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka Shishu Hospital, Combined Military Hospital (CMH) and some private set-up, there are limited opportunities to treat these ill-fated children with both conservative and surgical approaches. Scanty number of beds and other medical facilities including the treatment outcome in these institutions are not enough to handle with the huge number of children suffering from various congenital heart diseases.

There is still lack of consciousness; taboos existing both in affluent and general society hinder the approach towards these children. Paediatric congenital heart diseases all the way need urgent medical and in most cases expensive surgical interventions.

Besides, there are few centres in Bangladesh to diagnose the diseases accu-

rately as early as possible. Very often, these patients are being diagnosed by paediatricians clinically or by adult cardiologist through echo findings. The gold standard to diagnose the congenital paediatric cardiac defects is Color Doppler Echocardiogram. There are very few number of paediatric cardiologists sound with the technical expertise. After Echo diagnosis, angiogram may be needed to assist the surgeon for cardiac surgery. Ironically, there is shortage of paediatric cardiac surgeons also in Bangladesh to treat the huge bulk of patients with utmost care.

So from the above pale and pain picture, it is understood that we need logistic supports, trained and skilled manpower to provide medical and interventional approaches for children with congenital heart disease. At the same time people should be aware with these problems. We must identify at least the treatable cause of congenital heart defects.

Pregnant women should be given proper antenatal care especially with diabetes, rubella and other viral diseases responsible for birth defects to combat diseases at early stage. Suspected mothers to give childbirth with genetic heart defect like downs syndrome should be screened as well. MMR vaccine can protect child from congenital rubella syndrome and thus reduce the burden.

I hope with the holistic effort and commitment we can relieve the distress of children with congenital heart defect.

The writer is the Secretary General of Paediatric Cardiac Society of Bangladesh.