

Global accolade for a Bangladeshi microbiologist

DR Tareq Salahuddin

Each year American Society for Microbiology (ASM) recognises some renowned scientists for their outstanding contribution in microbiology. This year Professor Samir Kumar Saha, PhD, Head of the Department of Microbiology of Dhaka Shishu Hospital and Executive Director of Child Health Research Foundation (CHRF) got awarded for research in clinical microbiology. This is a great honour as a distinguished scientist for research accomplishments that form the foundation for important applications in clinical microbiology.

Dr Saha, who is a member of Pneumococcal Awareness Council of Experts (PACE) is globally very renowned for his work in diseases like pneumonia, meningitis, typhoid. He is also a member of scientific committee of World Society of Paediatrics Infectious Diseases (WSPID) and a council member of International Society for Infectious Diseases (ISID). He is the Chair of the Steering Committee of Coalition Against Typhoid (CAT). He has more than 150 publications in the peer reviewed journals.

Dr Saha leads a groups of microbiologists, physicians and researchers who explore the root causes of the diseases and offer innovative and cost effective treatments guideline for hospital and community set up. They also work on how to minimise antimicrobial resistance



Dr Samir Saha, Head of the Department of Microbiology of Dhaka Shishu Hospital and Executive Director of Child Health Research Foundation (CHRF) on the award giving ceremony of American Society for Microbiology (ASM).

which is a threat for the treatment of diseases. They showed through their research that community based treatment with first line of antibiotics were as effective as the expensive latest group of antibiotics.

Their greatest contribution was introducing vaccines for meningitis and pneumonia in the expanded programme of

immunisation (EPI) in Bangladesh by providing evidence on the diseases. Their research evidence is not only being used in Bangladesh, but also in other countries in the South Asia. As Dr Saha told — he did not keep his work confined in clinical microbiology, but expanded in the field of public health.

Dr Saha was the Principal Investigator

of the multi-site and multi-country project on Aetiology of Neonatal Infection in South Asia (ANISA) project, supported by the Bill and Melinda Gates Foundation. It was one of the largest study on childhood infections. The study involved 100,000 and 80,000 children in several countries of South Asia. The project determined the population-based incidence, aetiology and antibiotic resistance profiles of community-acquired young infant infections in Bangladesh, India and Pakistan using community-based surveillance and standard and new diagnostic tests. The project also aimed to identify risk factors for acquiring laboratory-confirmed infections and to describe clinical predictors of laboratory confirmed infections.

Dr Saha's team also works on innovative rapid diagnostic tools for patient services, data validation and impact study of newly introduced vaccines. They also provide support in monitoring and training of several carriage studies of pneumococcus (bacteria causing pneumonia) in India.

Dr Saha emphasised on the rational use of antibiotics to reduce antimicrobial resistance which is the next big threat for the treatment of childhood illness. He urged physicians and patients to be cautious using the antibiotics.

E-mail: tareq.salahuddin@thedailystar.net

#WD2019

Women Deliver 2019 Global Conference to be held in Canada

Prime Minister Justin Trudeau announced that Canada is proud to have been chosen as the host country for the global Women Deliver Conference, which will bring over 6,000 world leaders, influencers, advocates, academics, activists, and journalists from more than 150 countries to Vancouver 3-6 June 2019.

Joined by Women Deliver's President/CEO Katja Iversen, Minister of International Development and La Francophonie, Marie-Claude Bibeau, Minister of Status of Women Maryam Monsef, and Sophie Grégoire Trudeau, Prime Minister Trudeau symbolically made the announcement in front of the 'Women are Persons!' monument on the grounds of Parliament Hill in Ottawa.

"Prioritising the health, rights, and wellbeing of girls and women is not optional, but in fact, foundational to drive change and progress for all, and this is reflected in our new feminist foreign policy," said Prime Minister Trudeau. "Canada is proud to host the next Women Deliver Conference as a global convener to bring us all further in advancing human rights for women."

The Women Deliver 2019 Conference — the world's largest of its kind — will present new knowledge, promote solutions, and serve as a fueling station for accelerating action, including policy changes and investments, for the health, rights, and wellbeing of girls and women and achieving a more equal world.

This conference will come at a time when support for the empowerment of girls and women is more critical than ever in order to maintain and increase the gains in health, education, and economic participation of women, as well as close the existing gaps in reproductive rights and health care services.

HEALTH bulletin



The risk of long-term daily aspirin use in adults aged 75 or over

In people aged 75 or over, long-term daily aspirin use is linked to a higher than expected risk of disabling or fatal bleeding, according to a new study in The Lancet.

While short-term aspirin use after a stroke or heart attack has clear benefits, the authors say that patients over 75 who take aspirin on a daily basis should be prescribed a proton-pump inhibitor (heartburn drugs) to reduce the risk of bleeding.

The advice for lifelong treatment is based on trials mostly done in patients younger than 75, with a follow up of approximately 2-4 years.

Previous studies have shown there is a causal link between antiplatelet treatment and upper gastrointestinal bleeding, and although the risk is known to increase with age, estimates on the size of the risk vary widely there are few data on whether severity of bleeding also increases with age.

Diabetes and Ramadan

DR Zubair K Haled HUQ

Fasting is commonly associated with the month of Ramadan. Billions of Muslims around the world get engaged in this declaration of faith that involves abstaining from food and drink from dawn until dusk. A number of studies have suggested intermittent fasting has numerous health benefits including weight loss, lower blood pressure and reduced cholesterol.

Diabetic patients should consult the doctors before fasting in Ramadan, as repeated disturbances in diabetes control can result in permanent complications. Diabetic patients have the risk of low or high blood sugar, dehydration and sometimes acidosis (presence of increased acids in the blood). But not all patients have similar risks. Therefore it is recommended that all diabetic patients should consult their doctors and discuss their risks.

Diabetic patients should be evaluated before the month of Ramadan to assess their physical well-being, metabolic control and ability to fast. Diabetic education should include aspects such as home blood glucose monitoring, dietary principles, and any therapeutic adjustments that may be necessary.

If you choose to fast during Ramadan, it is important to establish a diabetes management plan one can follow to control blood sugar levels. It is important to understand what needs to be done to prepare for the fast, as well as how to control blood sugar levels



throughout the month.

Home blood glucose monitoring is an important prerequisite in the management of diabetic patients who are treated with insulin. In this way, a close watch can be kept and adjustments to the insulin dose can be made as required.

Patients should also be aware about the warning symptoms of dehydration, hypoglycaemia and hyperglycaemia; the need to break their fast as soon as any complication occurs and the importance of seeking immediate medical help if they have concerns regarding the management of their diabetes.

During the fast, patients with type 2 diabetes understand that they are at an increased likelihood of developing hypoglycaemia or low blood sugar that occurs when the level of sugar in blood drops below normal levels. Long gaps between food intakes, along with certain diabetes medications, are risk factors for hypoglycaemia.

Symptoms may include sweating, dizziness and irritability.

Dehydration can be caused by limited fluid intake. Symptoms of dehydration may include thirst, dry mouth, muscle cramps and heart palpitations. Hyperglycaemia or high blood sugar occurs when there is too much sugar in blood, and can be caused by an increase in food or sugar intake, or by an excessive reduction in dosages of diabetes medications. Symptoms may include weight loss, increased thirst and frequent urination.

We generally consume large quantities of fried and sugary foods when breaking fast or during the night. This can be a problem for the management of diabetic patients; their diet during the night could contribute to hyperglycaemic attacks.

Here are some simple diet tips to consider during Ramadan: At Sehri, try slow-release energy food such as brown bread, semolina and beans. At Iftar, consume fruits, followed by slow-acting carbohydrates such as brown rice, oats and vegetables. Avoid foods high in saturated fat, such as ghee and fried foods like samosas and singaras. Increase fluid intake during non-fasting hours and especially at Sehri and Iftar.

By thorough assessment and understanding between doctors, nutritionist and patients, it is possible to fast safely for people with diabetes.

The writer is a physician, public health specialist and a gerontologist. E-mail: zubairkhaledjoy@gmail.com

Tresiba® demonstrated no increased risk of major cardiovascular events

STar HEalth REport

Tresiba® demonstrated no increased risk of major cardiovascular (CV) events and significant reduction in rates of severe hypoglycaemia compared to insulin glargine U100 in the DEVOTE trial, says a press release.

DEVOTE is a long-term, multi-national, randomised, double-blind and event-driven trial conducted to confirm the CV safety of Tresiba® (insulin degludec) compared to insulin glargine U100.

In the trial, 7,637 people (Tresiba®: n=3,818, insulin glargine U100: n=3,819) with type 2 diabetes at high risk of CV disease were randomised to treatment with either Tresiba® or insulin glargine U100 in vial in addition to standard of care.

Result from the trial was presented at the American Diabetes Association's 77th Scientific Sessions (ADA 2017) and also published simultaneously in the New England Journal of Medicine.

In the trial, Tresiba® demonstrated superiority on the secondary confirmatory endpoint of severe hypoglycaemia: 27% fewer patients in the Tresiba® treated group experienced an episode of severe hypoglycaemia, resulting in a 40% overall reduction of total episodes of adjudicated severe hypoglycaemia. Furthermore, patients in the Tresiba® treated group experienced a 54% reduction in the rate of nocturnal severe hypoglycaemia.

In the DEVOTE trial degludec demonstrated no increase in the risk of major cardiovascular events and significant reductions in the rates of severe and nocturnal severe hypoglycaemia compared to insulin glargine U100," said Dr Bernard Zinman of the Lunenfeld-Tanenbaum Research Institute, Mount Sinai Hospital, Toronto, Canada and member of the DEVOTE Steering Committee.

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Chikungunya is an infection caused by the chikungunya virus (CHIKV)

Chikungunya (pronunciation: chik-en-gun-ye) virus is transmitted to people by mosquitoes.

Symptoms

- Most people infected with chikungunya virus will develop some symptoms.
- Symptoms usually begin 3–7 days after being bitten by an infected mosquito.
- The most common symptoms are fever and joint pain.
- Other symptoms may include headache, muscle pain, joint swelling, or rash.
- Chikungunya disease does not often result in death, but the symptoms can be severe and disabling.
- Most patients feel better within a week. In some people, the joint pain may persist for months.
- People at risk for more severe disease include newborns infected around the time of birth, older adults (.65 years), and people with medical conditions such as high blood pressure, diabetes, or heart disease.
- Once a person has been infected, he or she is likely to be protected from future infections

Treatment

- There is no vaccine to prevent or medicine to treat chikungunya virus.
- Treat the symptoms:
 - Get plenty of rest.
 - Drink fluids to prevent dehydration.
 - Take medicine such as acetaminophen or paracetamol to reduce fever & pain.
 - Do not take aspirin & other non-steroidal anti-inflammatory drugs (NSAIDS until dengue can be ruled out to reduce the risk of bleeding).
 - If you are taking medicine for another medical condition, talk to your healthcare provider before taking additional medication.

- If you have chikungunya, prevent mosquito bites for the first week of your illness.
 - During the first week of infection, chikungunya virus can be found in the blood and passed from an infected person to a mosquito through mosquito bites.
 - An infected mosquito can then spread the virus to other people.

