



### The tools that we have to fight Omicron

**VACCINES:** Vaccines remain the best public health measure to protect people from COVID-19, slow transmission, and reduce the likelihood of new variants emerging. COVID-19 vaccines are highly effective at preventing severe illness, hospitalisations, and death. Scientists are currently investigating Omicron, including how protected fully vaccinated people will be against infection, hospitalisation, and death. The Centers for Disease Control and Prevention (CDC) recommends that everyone 5 years and older protect themselves from COVID-19 by getting fully vaccinated. CDC recommends that everyone

**The Centers for Disease Control and Prevention (CDC) recommends that everyone 5 years and older protect themselves from COVID-19 by getting fully vaccinated.**

ages 18 years and older should get a booster shot.

**MASKS:** Masks offer protection against all variants. CDC continues to recommend wearing a mask in public indoor settings in areas of substantial or high community transmission, regardless of vaccination status. CDC provides advice about masks for people who want to learn more about what type of mask is right for them depending on their circumstances.

**TESTING:** Tests can tell you if you are currently infected with COVID-19. Two types of tests are used to test for current infection: nucleic acid amplification tests (NAATs) and antigen tests. NAAT and antigen tests can only tell you if you have a current infection. Individuals can use the COVID-19 Viral Testing Tool to help determine what kind of test to seek. Additional tests would be needed to determine if your infection was caused by Omicron.

Until we know more about the risk of Omicron, it is important to use all tools available to protect yourself and others.

SOURCE: CDC

# Know the warning signs of liver cirrhosis

STAR HEALTH DESK

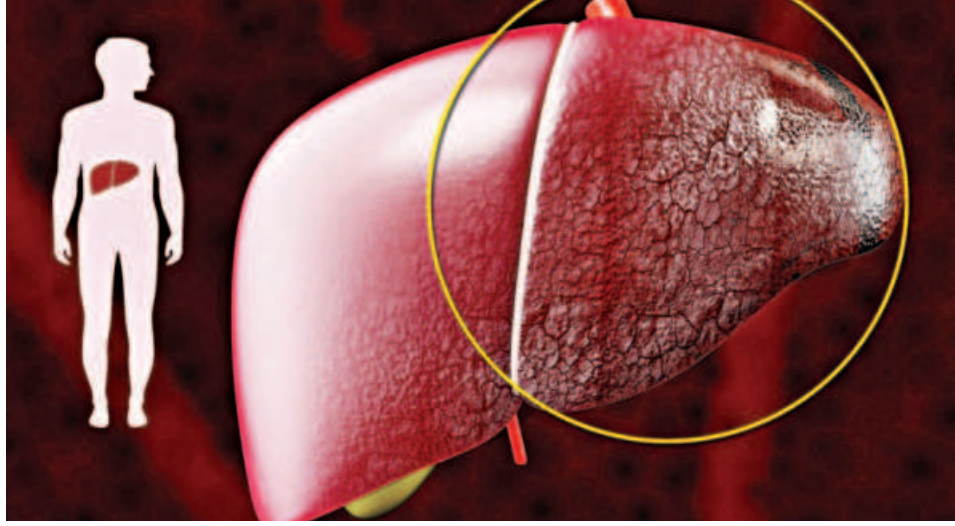
Cirrhosis is a form of severe liver disease and happens because of multiple causes. It causes scarring that slowly replaces healthy tissue. Eventually, this blocks blood flow and makes it harder for your liver to do its job. It will not be able to filter toxins and help break down nutrients and medications. And the organ will not make proteins and other substances fast enough to meet your body's needs. Over the long term, it can shut down your liver.

You may not notice any problems at first! As your cirrhosis gets worse, you might start to feel more tired and less hungry. Your skin may start to itch, look more yellow, and bruise more easily. Your pee may darken, and your belly and legs might swell from extra fluid. Some people get nauseated and foggy-brained and start to forget things.

**Cause - Alcohol addiction:** Drinking too much can make your liver swell and hold on to more fat. This could lead to cirrhosis. It typically happens if you drink more than you should every day, sometimes for years. The amount of alcohol that causes liver damage differs for each person, so do not assume that because your heavy-drinking friend did not get cirrhosis, you will not either.

**Cause - Nonalcoholic fatty liver disease:** Here, something other than alcohol causes fat buildup in your liver. You are more likely to get it if you are overweight or have diabetes, high cholesterol, or high blood pressure. You may notice symptoms like weight loss, tiredness, weakness, spider veins, or itchy skin.

**Cause - Hepatitis C:** If you have this disease for 6 months or more, it is called "chronic" and can lead to cirrhosis. The hepatitis C virus is the most common cause of chronic



hepatitis, though there are others, like autoimmune disease as well as medication, bacteria, or other viruses. Hepatitis C often spreads when users of illicit drugs share needles, but you can also get it after having unprotected sex with someone who is infected.

**Cause - Bile duct problems:** Small tubes, called ducts, normally carry bile - a liquid that helps digestion - from your liver to your gallbladder. A number of conditions can narrow or block these tubes, which causes a backup of fluid that can inflame and damage your liver. Your doctor can usually clear your ducts with medication or minor procedures.

**Cause - Medication:** Some drugs can hurt your liver and lead to cirrhosis. Certain antibiotics, statins for high cholesterol, and acetaminophen may also be hard on your liver. Tell your doctor about all your medications and let them know if new drugs seem to make you tired, nauseated, itchy, or otherwise unwell.

**Causes - Clots, genetics, and more:** Any condition that scars the liver can cause cirrhosis. Clots can block the flow of blood to the organ or inside it. Your immune system could mistakenly attack and inflame it. Your genes could make it harder for your liver to break down certain nutrients like iron or copper. Or you might inherit conditions that add fat or scarring for no apparent reason. Other conditions which may lead to cirrhosis include autoimmune hepatitis, hemochromatosis, hepatitis B, and heart failure.

**Treatment:** There is no cure for the scarring already on your liver, but your doctor can sometimes stop or slow it down by treating the condition that causes your cirrhosis. If you have alcohol addiction, find out about therapy to help you quit. Weight loss can help for a fatty liver. Drugs can treat infections, bile duct problems, or autoimmune disorders. Work with your doctor to figure out what is causing your cirrhosis and how best to treat it.

SOURCE: WEBMD

## HAVE A NICE YEAR A year of kindness and forgiving others

DR RUBAUL MURSHED

These days from a common soldier to a General, all are aware of their personal health benefits from exercise to selecting foods. But most people are not familiar with the importance of hormones. We are not aware of the significant relationship between the power of practicing forgiveness, gratitude, donation and having a sound body and mind.

Hormones coordinate the physiology and behavior of individuals by regulating, integrating, and controlling bodily functions. Over evolutionary time, hormones have often been co-opted by the nervous system to influence behavior to ensure reproductive success. Gonadal hormones are produced by the gonads (the ovaries and testes) in response to other precursor hormones found in the pituitary gland and other brain areas.

Although most researches that are correlated to 'why good habits (like forgiveness, kindness, giving) makes us feel better?' have centered around, these gonadal hormones also impact brain chemistry and circuitry, and hence influence emotions, mood and behavior.

Forgiveness especially engages the parasympathetic nervous system, which helps our immune system. The hormone Oxytocin is so influential that some call it "the love hormone"; it plays a role in trusting people and connection to others. It is the hormone mothers produce when they breastfeed, cementing their bond with their babies. In addition to boosting oxytocin and dopamine, being kind can also increase serotonin, a neurotransmitter that helps regulate mood.

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## HEALTH BULLETIN Stroke recurrence and long-term mortality

The risk for recurrence in patients with either ischemic stroke (IS) or intracerebral hemorrhage (ICH) is substantial, especially with poor risk factor control. The impact of a first stroke versus a recurrent stroke on future events has not been well studied.

Some researchers used national health registries in Denmark to assess the 1-, 5-, and 10-year stroke recurrence rates, as well as 1- and 10-year mortality. Mortality was compared between a first stroke and a recurrent stroke.

Patient information was collected from May 2004 through 2018, totaling 105,397 IS cases (median age, 72) and 13,350 ICH cases (median age, 73), with a slight preponderance of men in both groups. IS recurrence rates were 4%, 10%, and 13%, and the ICH recurrence rates were 3%, 8%, and 12%. Mortality rates were higher after recurrent IS events (25% at 1 year; 70% at 10 years) than after a first ischemic stroke. For IS patients, recurrence rates were higher with advanced age up to age 79, male sex, and a milder index stroke.

These data are valuable since they represent information from a country with universal health insurance and a national registry. The data reinforce the substantial risks for recurrence and mortality after either IS or ICH. This study provides an important reminder about the need for multifaceted stroke prevention measures (including medication and lifestyle change) to reduce recurrence and mortality rates.



## Universal healthcare in Bangladesh could be a reality

DR RATNADEEP CHASKAR

Acknowledging the critical role of health, the UN General Assembly unanimously endorsed a resolution in 2012, urging countries to accelerate progress toward universal health coverage (UHC) - the idea that everyone, everywhere should have access to quality, affordable healthcare. The theme for this year's UHC Day focuses on investing in health systems for all. Health systems strengthening for universal health coverage and global health security are key high-level global public health objectives for healthier and safer societies.

Key to success is the right leadership and governance structure backed by a good health financing system. With the Healthcare Financing Strategy 2012-2032 in place, the country enjoys the right political will to build its healthcare sector. However, allocation to the health sector to date stands at less than 10 per cent of the total financial year budget and less than 1 percent of the GDP. To attain the vision of UHC, the government would need to refocus attention to the healthcare sector and increase budgetary allocation to meet the demands placed on delivery of the public healthcare system.

Closely related to the financing, is the ability to deliver good health services coupled with a well performing health workforce. The low budget allocation means there are shortages of trained human resource, medical equipment and supplies. This situation is not unique to Bangladesh but is prevalent across many emerging markets. It presents an opportunity to work with the private sector, to complement and address gaps in

the healthcare sector. The private sector can offer supplementary care to fill in capacity and speciality gaps in order to create a robust and strengthened healthcare infrastructure that can increase access for local communities. Further, a focus on high quality care ensures improved outcomes for patients.

Private equity helps address this shortfall in public funds, by working with governments to provide long-term funding. Further, private investment also creates economies of scale for healthcare in emerging markets that can cut costs for consumers and increase quality, which will in turn deliver significant positive social impact to consumers while ultimately unlocking private capital towards other much needed healthcare investment.

Currently, individuals bear a large share of medical costs, with up to 67 percent of expenses borne by households through out of pocket payments. This system creates a significant financial burden for impoverished families, sometimes forcing them to either forego treatment or go into debt. To reduce this burden, the government must increase healthcare funding. To address this, robust financing structures are key. Innovative public-private partnerships could also address this.

The global COVID-19 pandemic provides an opportunity for the government to reprioritise health in the national agenda. While there is no 'one size fits all' we must draw from existing evidence and chart a deliberate path towards this vision.

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