



The burden of bacterial infections, the second leading cause of death globally

Common bacterial infections were the second leading cause of death in 2019, and were linked to one in eight deaths globally, according to an analysis published in *The Lancet*.

There were 7.7 million deaths in 2019 associated with 33 common bacterial infections, with five bacteria alone connected to more than half of all deaths. The deadliest bacterial pathogens and types of infection varied by location and age.

Second only to ischaemic heart disease as the leading cause of death in 2019, the analysis highlights reducing bacterial infections as a global public health priority. Building stronger health systems with greater diagnostic laboratory capacity, implementing control measures, and optimising antibiotic use is crucial to lessen the burden of disease caused by common bacterial infections.

While many estimates exist for pathogens such as tuberculosis, malaria, and HIV, until now estimates of the disease burden of bacterial pathogens were limited to a handful of specific pathogens and types of infection, or focused only on specific populations. More deaths were linked to two of the deadliest pathogens – *S. aureus* and *E. coli* – than HIV/AIDS (864,000 deaths) in 2019, yet analysis shows HIV research was awarded \$42 billion dollars while *E. coli* research was awarded \$800 million. The authors say such funding gaps might have arisen because there was, until now, a lack of data on the global burden of these infections.

The new study provides the first global estimates of mortality associated with 33 common bacterial pathogens and 11 major infection types – known as infectious syndromes – leading to death from sepsis. Estimates were produced for all ages and sexes across 204 countries and territories. Utilising data and methods from the Global Burden of Disease 2019 and Global Research on Antimicrobial Resistance (GRAM) studies, the authors used 343 million individual records and pathogen isolates to estimate deaths associated with each pathogen and the type of infection responsible.

Nearly 40 million children are dangerously susceptible to growing measles threat!

STAR HEALTH DESK

Measles vaccination coverage has steadily declined since the beginning of the COVID-19 pandemic. In 2021, a record high of nearly 40 million children missed a measles vaccine dose: 25 million children missed their first dose and an additional 14.7 million children missed their second dose, a joint publication by the World Health Organisation (WHO) and the United States Centers for Disease Control and Prevention (CDC) reports. This decline is a significant setback in global progress towards achieving and maintaining measles elimination and leaves millions of children susceptible to infection.

In 2021, there were an estimated 9 million cases and 128,000 deaths from measles worldwide. Twenty-two countries experienced large and disruptive outbreaks. Declines in vaccine coverage, weakened measles surveillance, and continued interruptions and delays in immunisation activities due to COVID-19, as well as persistent large outbreaks in 2022, mean that measles is an imminent threat in every region of the world.

"The paradox of the pandemic is that while vaccines against COVID-19 were developed in record time and deployed in the largest vaccination campaign in history, routine immunisation programmes were badly disrupted, and millions of kids missed out on life-saving vaccinations against deadly diseases like measles," said WHO Director General Dr Tedros Adhanom Ghebreyesus. "Getting immunisation programmes back on track is absolutely critical. Behind every statistic in this report is a child at risk of a preventable disease."

The situation is grave: measles is one of the most contagious human viruses but is almost entirely preventable through vaccination. Coverage of 95% or greater of 2 doses of measles-containing vaccine is needed to create herd immunity

in order to protect communities and achieve and maintain measles elimination. The world is well under that, with only 81% of children receiving their first measles-containing vaccine dose, and only 71% of children receiving their second measles-containing vaccine dose. These are the lowest global coverage rates of the first dose of measles vaccination since 2008, although coverage varies by country.

Measles anywhere is a threat everywhere, as the virus can quickly spread to multiple communities and across international borders.

ensure vaccinations are available to all."

In 2021, nearly 61 million measles vaccine doses were postponed or missed due to COVID-19 related delays in immunisation campaigns in 18 countries. Delays increase the risk of measles outbreaks, so the time for public health officials to accelerate vaccination efforts and strengthen surveillance is now. CDC and WHO urge coordinated and collaborative action from all partners at global, regional, national, and local levels to prioritise efforts to find and immunise all unprotected children, including those who were missed



No WHO region has achieved and sustained measles elimination. Since 2016, 10 countries that had previously eliminated measles experienced outbreaks and reestablished transmission.

"The record number of children under-immunised and susceptible to measles shows the profound damage immunisation systems have sustained during the COVID-19 pandemic," said CDC Director Dr Rochelle P. Walensky. "Measles outbreaks illustrate weaknesses in immunisation programmes, but public health officials can use outbreak response to identify communities at risk, understand causes of under-vaccination, and help deliver locally tailored solutions to

during the last two years.

Measles outbreaks illustrate weaknesses in immunisation programmes and other essential health services. To mitigate risk of outbreaks, countries and global stakeholders must invest in robust surveillance systems. Under the Immunisation Agenda 2030 global immunisation strategy, global immunisation partners remain committed to supporting investments in strengthening surveillance as a means to detect outbreaks quickly, respond with urgency, and immunise all children who are not yet protected from vaccine-preventable diseases.

Source: World Health Organisation

HAVE A NICE DAY

When jealousy become toxic

DR RUBAUL MURSHED



Once, Buddha said, 'it is not love that is blind, but jealousy.' Today social scientists agree that jealousy is a difficult human emotion that can hold us back from attaining happiness and wellbeing. But, some may think jealousy is a normal human emotion like tasty but unhealthy sauce in food which under certain circumstances can be life-threatening.

According to social psychology, it can be a sign of insecurity, low self-esteem and is a fear of losing something like a relationship or friendship. So many people are affected and infected with this virus that destroys their ability to think clearly and to justify others normally. This covetous personality makes a situation where a jealous person desires to see a person fail regardless of what their intention is!

People who deal with jealousy may often feel threatened by others. They may also feel that they are in competition with them all the time. Sometimes, persons struggling with jealousy display their own doubts and beliefs to their partners and react with jealousy. Eventually, jealousy can lead to hatred and also destroys the trust in a relationship and leads to more quarrels and disputes. Distrust others, including close ones may become part of their mindset. This can rapidly grow into paranoia and obsession and threaten to destroy the friendly relationship we are most afraid to lose.

Abnormal jealousy, some called pathological or extreme jealousy, may be a sign of an underlying mental health issue. Many of us don't feel the presence of such a disease as they won't even know that they are jealous of someone else. Symptoms of such disease are unnecessary stress, anger, depression, fatigue or sometimes even worse which is argument and fight. Sooner or later, unfortunately it affects the mental health of the individual which subsequently harms the physical wellbeing.

It is about what cannot be seen: feelings, moral values including forgiveness, modesty and kindness, good-deed desire and purpose.

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For many, TB treatment can be cut from six to two months

STAR HEALTH REPORT

A promising study presented at The Union World Conference on Lung Health 2022, the TRUNCATE TB trial, has revealed that some people who have tuberculosis (TB) can be treated in as little as two months, as opposed to six months of treatment that has been the standard of care in most countries since the 1980s.

The rationale behind the TRUNCATE TB study, according to Erlina Burhan, a TB expert from the Faculty of Medicine Universitas Indonesia, is that we are overtreating majority of people who have drug-susceptible TB (DS-TB) who would actually be cured before the 6-month mark, to prevent relapse in a minority of people who would need the long treatment regimen. This eye opening study has revealed that the standard six-month treatment is actually overtreating a lot of people who have TB, which is the world's leading infectious killer.

The TRUNCATE TB Trial is

a randomised controlled trial conducted at 18 sites in five countries (Indonesia, the Philippines, Thailand, India and Uganda) and coordinated from Singapore. The trial investigates a treatment strategy comprising an initial 2-month treatment course (using regimens combining standard and repurposed drugs intended to boost regimen sterilising efficacy), followed by close monitoring and early retreatment of relapses. A total of 674 trial participants were recruited from March 2018 to March 2022 from these 5 countries.

Trial participants were initially given eight weeks of treatment, with the option of extending treatment to 10 to 12 weeks if they had persistent clinical disease after the eight-week treatment.

If there was still active TB after that, participants were switched to the standard six-month treatment. It was noted that overall death rate was low and there was no difference in the death rate between the standard treatment arm and the TRUNCATE strategy arms.

WORLD AIDS DAY 2022

A call to equalise

The global HIV response is in danger, even as HIV remains a major public health issue that affects millions of people worldwide. Over the last few years progress towards HIV goals has stalled, resources have shrunk, and millions of lives are at risk as a result.

Division, disparity and disregard for human rights are among the failures that allowed HIV to become and remain a global health crisis.

On 1 December the World Health Organisation (WHO) joins partners to commemorate World AIDS Day 2022, under the theme "Equalise". WHO is calling on global leaders and citizens to boldly recognise and address the inequalities which are holding back progress in ending AIDS; and equalise access to essential HIV services particularly for children and key populations and their partners - men who have sex with men, transgender people, people who use drugs, sex workers, and people in prisons.








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