Cervical cancer burden remains high in many countries, scale-up needed to meet WHO's 2030 elimination target

The Lancet Global Health journal reported 600,000 new cervical cancer cases and 340,000 deaths in 2020.

Cervical cancer is largely preventable due to HPV vaccination and screening. In 2020, the World Health Organisation (WHO) announced a target to eliminate cervical cancer as a public health problem, aiming to reduce incidence below a threshold of four cases per 100,000 women per year in every country by 2030. This study tracks the progress on cervical cancer rates and identifies the countries and regions where efforts require scaling up to reach WHO targets.

While a decrease in screening intensity due to the COVID-19 pandemic might have left a new group of susceptible women, the pandemic also boosted the introduction of self-administered HPV testing, offering new possibilities to increase screening coverage.

Other new advancements, such as thermal ablation for treating cervical pre-cancer, the use of mobile phones to improve follow-up after screening, and machine learning to improve visual assessment, can also be used in low resource settings to lower cervical cancer rates.

What you need to know about the seasonal flu

STAR HEALTH DESK

Seasonal influenza is an acute respiratory infection caused by influenza viruses which circulate in all parts of the world.

There are 4 types of seasonal influenza viruses, types A, B, C and D. Influenza A and B viruses circulate and cause seasonal epidemics of disease.

Signs and symptoms

Seasonal influenza is characterised by a sudden onset of fever, cough (usually dry), headache, muscle and joint pain, sore throat and a runny nose. The cough can be severe and

can last 2 or more weeks. Most people recover from fever and other symptoms within a week without requiring medical attention. But influenza can cause severe illness or death especially in people at high risk.

Epidemiology

Pregnant women, children under 59 months, the elderly, individuals with chronic medical conditions and individuals with immunosuppressive conditions (such as HIV/AIDS, receiving chemotherapy or steroids, or malignancy) are at greater risk of severe disease or complications when infected.

Health care workers are at high risk acquiring influenza virus infection due to increased exposure to the patients and risk further spreading particularly to vulnerable individuals.

In terms of transmission, seasonal influenza spreads easily, with rapid transmission in crowded areas. When an infected person coughs or sneezes, droplets containing viruses (infectious droplets) are dispersed into the air and can spread up to one meter, and infect persons in proximity who breathe these droplets in. The virus can also be spread by hands contaminated with influenza viruses.

Diagnosis

The majority of cases of human influenza are clinically diagnosed.

Collection of appropriate respiratory samples and the application of a laboratory diagnostic test is required to establish a definitive diagnosis.

Treatment

Non high-risk patients should receive symptomatic treatment and if symptomatic, should stay home to avoidinfecting others. Treatment focuses on relieving symptoms..If a patient's condition worsens, they should seek medical help.. Patients that are known to be in a group at high risk, should be treated with antivirals in addition to symptomatic treatment as soon as possible.

Prevention

The most effective way to prevent the disease is vaccination.

World Health Organisation (WHO) recommends annual vaccination for:

- pregnant women at any stage of pregnancy
- children aged between 6 months to 5 years
- elderly individuals (aged more than 65 years)
- individuals with chronic medical conditions
- health-care workers.

Apart from vaccination and antiviral treatment, the public health management includes personal protective measures like:

- Regular hand washing with proper drying of the hands
- Good respiratory hygiene – covering mouth and nose when coughing or sneezing, using tissues and disposing of them correctly
- Early self-isolation of those feeling unwell, feverish and having other symptoms of influenza
- Avoiding close contact with sick people
- Avoiding touching one's eyes, nose or mouth

Research estimates that 99% of deaths in children under 5 years of age with influenza related lower respiratory tract infections are found in developing countries. To better prepare for the next influenza pandemic, WHO is continuously working to strengthen national, regional, and global influenza response capacities.

HAVE A NICE DAY

The wisdom we ignored

DR RUBAIUL MURSHED

Leonardo da Vinci loved animals so much that he used to buy caged animals at the market just to set them free. To reach a great height a person like him needs to have great depth in kindness. Kindness means being forgiving, grateful, humble, and honoring others. A kind person shows concern for others' feelings and treats others as we would like to be treated.

The research on kindness is increasing. But, is kindness a must for happiness? Is it related to health? Being kind is often linked to happiness, wellbeing and life satisfaction.

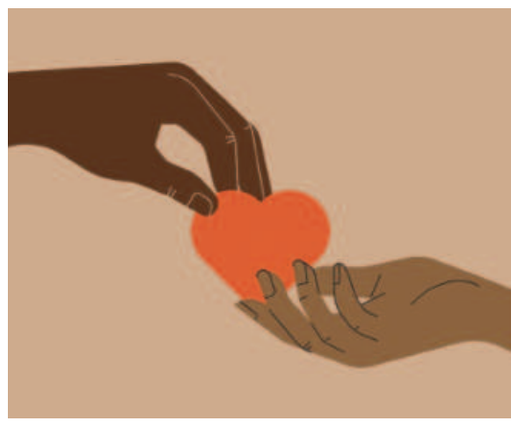
Kindness boosts hormones like serotonin, and dopamine. These neurotransmitters promote satisfaction and well-being.

Serotonin known as the 'happy chemical' helps regulate our mood as well as our sleep, appetite, digestion and learning ability. This reduces stress and anxiety and gives us energy.

There are other vital hormones that are related to kindness, happiness and wellbeing, like Endorphins, our body's natural pain killer. Oxytocin is also a powerful hormone that functions as a neurotransmitter in the brain. The "love hormone" is essential for childbirth, breastfeeding, and strong parent-child bonding. Sometimes it is called the 'kindness hormone' or 'cardio-protective hormone'. When we commit an act of kindness our bodies release nitric oxide, which opens blood vessels and lowers blood pressure, keeping our hearts healthier. .

Kindness is misunderstood as weakness. kindness says everything about oneself. It is contiguous and can make everyone happier.

E-mail: rubaiulmurshed@shomman.org



Mass rapid transit to improve the health of masses

FARIHA MUSTAFA & M TANJIM HASAN KHAN

In the Air Quality Index of November 2022, Dhaka again ranked as the world's most polluted city, and it has been manifested in numerous studiesthat air pollution is greatly associated with a multitude of health effects, including respiratory and cardiovascular hospitalisations, changes in lung function, asthma attacks, and even deaths.

Studies have also suggested that worldwide, 8.8 million deaths are caused by air pollution each year, and Bangladesh alone sees 108,000 air pollution-related deaths per year. According to a report published by the World Bank and the Department of Environment (DoE), the primary sources of Dhaka's air pollution are brick kilns, vehicle fumes, and construction dust. Therefore, to reduce air pollution in Dhaka, addressing these sources is a must, and Mass Rapid Transit may have the potential to do that.

The MRT Line-6 of Dhaka is expected to open to the public by the end of this December, and a recently completed simulation has concluded that 20% to 40% of Dhaka's citizens will use the metro instead of cars for their daily commuting once it opens. A 20% reduction in car trips has the likelihood of reducing 80,223 tonnes of carbon emissions per year.

This colossal shift from cars to public transportation will also reduce traffic jams and sharply reduce the emission of harmful PM 2.5, which causes numerous health effects such as eye, nose, throat, and lung irritation, coughing, sneezing, a runny nose, and shortness of breath.

Another study in Malaysia suggested that transportation system like the metro rail can reduce as many as 88 road accident-related deaths per year. Mass Rapid Transits have also been reported to decrease 6,300 disability-adjusted life years (DALYs), which means a sum of 6,300 years of life might not be wasted due to ill-health, disability, or early death anymore.

A developed country is not a place where the poor have cars, it is where the rich use public transportation. Therefore, to be identified as a truly developed country, we must favour public transportation over the private ones and the Mass Rapid Transit can be our first step towards that. Although the construction period of the project had an adverse impact on our health and environment, it still has the potential to improve the quality of life in the long run.

Fariha Mustafa *is a student of Urban and Regional Planning at Bangladesh University of Engineering and Technology (BUET). Email: farihamustafa737@gmail.com; M Tanjim Hasan Khan is a freelance researcher and writer. Email: tanjimhk98@gmail.com*

Reducing antibiotic use for terminally ill patients

Antimicrobial use is common in patients with terminal cancer because of the concern for infection due to severe immunocompromise; moreover, various complications frequently mimic infection. However, despite conferring no survival advantage, antibiotic use in these end-stage patients contributes to adverse drug reactions, Clostridioides difficile infection, and antimicrobial resistance.

A study was conducted on 1,143 adult patients who died of metastatic cancer after ≥4 days of hospitalisation at an academic hospital in

Seoul, Korea. It was found that antibiotics were administered in 82% of patients within 3 days of death. The proportion of patients receiving antibiotics was lower in the palliative care group than in the non palliative care group..

While rarely addressed in the context of antimicrobial stewardship, minimising antibiotic prescribing at or near the end of life seems logical for improving individual patients' quality of life while also reducing selection pressure that generates multidrug-resistant pathogens. This topic should no longer be the "elephant in the room" when talking about the right way to use antibiotics.