



WHO awards countries for progress in eliminating industrially produced trans fats for first time

The World Health Organisation (WHO) has awarded its first-ever certificates validating progress in eliminating industrially produced trans fatty-acids to five countries. Denmark, Lithuania, Poland, Saudi Arabia, and Thailand have each demonstrated they have a best practice policy for industrially produced trans fatty acids (iTFA) elimination in effect, supported by adequate monitoring and enforcement systems. WHO also released results from the first five years of its REPLACE initiative to eliminate iTFA.

While the ambitious target set by WHO in 2018—to fully eliminate iTFA from the global food supply by the end of 2023—was not met, there has been remarkable progress made towards this goal in every region of the world.

Trans-fatty acids (TFA) are semisolid to solid fats that occur in two forms: industrially produced and naturally occurring. Intake of TFA is associated with increased risk of heart attacks and death from heart disease. TFA have no known health benefits, and foods high in iTFA (e.g. fried foods, cakes and ready meals) are often high in sugar, fat and salt.

A total of 53 countries have now best practice policies in effect for tackling iTFA in food, vastly improving the food environment for 3.7 billion people, or 46% of the world's population, as compared to 6% just 5 years ago. These policies are expected to save approximately 183,000 lives a year.

Accelerating efforts to achieving best-practice policies in just 8 countries with the highest needs would eliminate 90% of the global iTFA burden, representing a unique opportunity to see in our lifetime a world free from deaths attributable to iTFA.

The WHO validation programme for iTFA elimination recognises those countries which went beyond introducing best practice policies by ensuring rigorous monitoring and enforcement systems in place.

Best practices in iTFA elimination policies follow WHO criteria and limit iTFA use in all settings. There are two best practice policy options: 1) mandatory national limit of 2 grams of iTFA per 100 grams of total fat in all foods; and 2) mandatory national ban on the production or use of partially hydrogenated oils (a major source of trans fat) as an ingredient in all foods.

Source: World Health Organisation

Global cancer burden growing, amidst mounting need for services

STAR HEALTH DESK

The World Health Organisation (WHO)'s cancer agency, the International Agency for Research on Cancer (IARC), released the latest estimates of the global burden of cancer. WHO also published survey results from 115 countries, showing a majority of countries do not adequately finance priority cancer and palliative care services, as part of universal health coverage (UHC).

The IARC estimates highlight the growing burden of cancer, the disproportionate impact on underserved populations, and the urgent need to address cancer inequities worldwide.

In 2022, there were an estimated 20 million new cancer cases and 9.7 million deaths. The estimated number of people who were alive within 5 years following a cancer diagnosis was 53.5 million. About 1 in 5 people develop cancer in their lifetime, approximately 1 in 9 men and 1 in 12 women die from the disease.

The global WHO survey on UHC and cancer shows that only 39% of participating countries covered the basics of cancer management as part of their financed core health services for all citizens, 'health benefit packages' (HBP). Only 28% of participating countries additionally covered care for people who require palliative care, including pain relief in general, and not just linked to cancer. **Three major cancer types in 2022: lung, breast and colorectal cancers**

The new estimates available on IARC's Global Cancer Observatory show that 10 types of cancer collectively comprised around two-thirds of new cases and deaths globally in 2022. Data covers 185 countries and 36 cancers.

Lung cancer was the most commonly occurring cancer worldwide with 2.5 million new cases accounting for 12.4% of the total new cases. Female breast cancer ranked second (2.3 million cases, 11.6%), followed by colorectal cancer (1.9 million cases, 9.6%), prostate cancer (1.5 million cases, 7.3%), and stomach cancer (970,000 cases, 4.9%).

Lung cancer was the leading cause of cancer death (1.8 million deaths, 18.7% of the total cancer deaths) followed by colorectal cancer (900,000 deaths, 9.3%), liver cancer (760,000 deaths, 7.8%), breast cancer (670,000 deaths, 6.9%) and stomach cancer (660,000 deaths, 6.8%). Lung cancer's re-emergence as the most common cancer is likely related to persistent tobacco use in Asia.

There were some differences by sex in incidence and

mortality from the global total for both sexes. For women, the most commonly diagnosed cancer and leading cause of cancer death was breast cancer, whereas it was lung cancer for men. Breast cancer was the most common cancer in women in the vast majority of countries (157 of 185).

For men, prostate and colorectal cancers were the second and third most commonly occurring cancers, while liver and colorectal cancers were the second and third most common causes of cancer death. For women, lung and colorectal cancer were second and third for both the number of new cases and of deaths.

Cervical cancer was the eighth most commonly occurring cancer globally and the ninth leading cause of cancer death, accounting for 661,044 new cases and 348,186 deaths. Even while recognising varying incidence levels, cervical cancer can be eliminated as a public health problem, through the scale-up of the WHO Cervical Cancer Elimination Initiative.

Striking cancer inequity by Human Development Index (HDI)

Global estimates reveal striking inequities in the cancer burden according to human development. This is particularly true for breast cancer. In countries with a very high HDI, 1 in 12 women will be diagnosed with breast cancer in their lifetime and 1 in 71 women die of it. By contrast, in countries with a low HDI; while only one in 27 women is diagnosed with breast cancer in their lifetime, one in 48 women will die from it.

Projected cancer burden increase in 2050

Over 35 million new cancer cases are predicted in 2050, a 77% increase from the estimated 20 million cases in 2022. The rapidly growing global cancer burden reflects both population ageing and growth, as well as changes to people's exposure to risk factors, several of which are associated with socioeconomic development. Tobacco, alcohol and obesity are key factors behind the increasing incidence of cancer, with air pollution still a key driver of environmental risk factors.

In terms of the absolute burden, high HDI countries are expected to experience the greatest absolute increase in incidence, with an additional 4.8 million new cases predicted in 2050 compared with 2022 estimates. Yet the proportional increase in incidence is most striking in low HDI countries (142% increase) and in medium HDI countries (99%). Likewise, cancer mortality in these countries is projected to almost double in 2050.

Source: World Health Organisation



HAVE A NICE DAY Don't get SAD

DR RUBAIUL MURSHED



Genetics or inheritance are not the causes of every disease. Indeed, external factors like the weather may also have an impact on our general well-being and mood. Many people get unwell as the seasons change or when the temperature and barometric pressure significantly vary, described as "weather sickness."

Temperature fluctuations may play a significant role in the development of mental illnesses and overall well-being. People who live in areas of the world with long winters and gloomy months are more likely to suffer from 'Seasonal Affective Disorder', generally known as SAD. But that can happen in any kind of weather. The effects of lower temperatures on mental health were greater than those of higher temperatures. In certain ways, attitude and general state of well-being can be greatly influenced. For instance, serotonin, a neurotransmitter in the brain that can aid with mood and energy levels, is known to be increased by sunlight. On the other hand, the cold can make us depressed and lethargic.

Studies reveal a positive correlation between favourable meteorological circumstances, such as elevated temperatures and barometric pressures, and enhanced mood, memory, and "broadened" cognitive styles. In warmer regions, the parasympathetic nervous system, which encourages calm and relaxation, becomes less active, making us more vulnerable to stress.

Researchers have found that, without even recognising it, humans may think and make judgments differently in chilly conditions. A study indicated that people who spent at least 30 minutes outside in pleasant weather reported higher moods. According to experts, the cold may have a profound effect on disposition, influencing everything from fashion design to our perception of criminals, our ability to be creative, and our interactions with friends.

E-mail: rubaiulmurshed@shomman.org

A 30-fold rise of measles cases in 2023 warrants urgent action

STAR HEALTH REPORT

The World Health Organisation (WHO) European Region is experiencing an alarming rise in measles cases. Over 30,000 measles cases were reported by 40 of the Region's 53 Member States between January and October 2023. Compared to 941 cases reported in all of 2022, this represents a more than 30-fold rise.

"We have seen in the Region not only a 30-fold increase in measles cases, but also nearly 21,000 hospitalisations and 5 measles-related deaths. This is concerning," explained Dr Hans Henri P. Kluge, WHO Regional Director for Europe. "Vaccination is the only way to protect children from this potentially dangerous disease. Urgent vaccination efforts are needed to halt transmission and prevent further spread. It is vital that all countries are prepared to rapidly detect and timely respond to measles outbreaks, which could endanger progress towards measles elimination."

Where vaccinations are missed, outbreaks can follow - affecting both young and old. In 2023 measles has affected all age groups, with significant differences in the age distribution of cases among countries. Overall, 2 in 5 cases were among children 1 to 4 years of age, and 1 in 5 cases were among adults 20 years and older. From the beginning of the year through to October, 20 918 hospitalised cases were reported, and 5 measles-related deaths were reported by 2 countries.

This resurgence of measles is largely attributed to backsliding in vaccination coverage in the countries of the Region during 2020 to 2022. The COVID-19 pandemic significantly impacted immunisation system performance in this period, resulting in an accumulation of un- and under-vaccinated children.

Resumption of domestic and international travel and removal of social and public health measures linked to the COVID-19 pandemic

have increased the risk of cross-border disease transmission and spread within communities, especially in un- and under-vaccinated communities.

Cases have been reported in many countries where measles has been declared eliminated as an endemic disease. Countries that have achieved measles elimination are still at risk of large and disruptive outbreaks following importation of the measles virus from other countries if very high rates of routine childhood vaccination (at least 95%) are not sustained in all communities.

Local solutions needed to close subnational gaps in coverage

This alarming resurgence of measles cases in 2023 further emphasises the importance of identifying and addressing immunisation inequities in all countries to attain and maintain high immunisation coverage in every community. Locally tailored immunisation strategies that target the identified disparities and promote vaccine equity must be fundamental to our efforts moving forward.

However, even those that might not yet have measles transmission, must carefully assess their immunity gaps and programme weaknesses and take immediate action to address them.

Getting back on track towards Region-wide measles elimination

Elimination of both measles and rubella remains a priority goal for all countries of the Region. The cornerstones for eliminating these diseases remain high population immunity, closure of immunity gaps in the population, and elimination-standard surveillance to monitor disease occurrence and take public-health action.

To regain progress towards measles elimination, it is imperative that countries achieve and maintain over 95% coverage with 2 doses of measles-containing vaccine. Attaining high routine vaccination coverage and closing any immunity gaps must therefore remain top priorities for all countries.



A new oral SARS-CoV-2 protease inhibitor for treating COVID-19

STAR HEALTH DESK

Nirmatrelvir/ritonavir (Paxlovid), a SARS-CoV-2 protease inhibitor, is first-line therapy for high-risk, non-hospitalised patients with COVID-19 (JAMA 2023; 330:1519).

Now, investigators in China report the results of a placebo-controlled trial of another SARS-CoV-2 protease inhibitor, simnotrelvir/ritonavir, in adults with mild-to-moderate COVID-19 during the Omicron era.

Simnotrelvir/ritonavir has been conditionally approved in China for treatment of mild-to-moderate COVID-19. This study adds to the evidence that early initiation of antiviral therapy yields more-rapid resolution of COVID-19 symptoms.

As is the case for influenza therapeutics, symptom resolution is likely to be the key endpoint of future COVID-19 antiviral trials because progression to severe disease is uncommon in vaccinated individuals unless they are immunocompromised, have comorbidities, or are of advanced age.






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