

New guideline to prevent adolescent pregnancies and improve girls' health

The World Health Organisation (WHO) released a new guideline aimed at preventing adolescent pregnancy and its related health complications.

The guideline urges action to end child marriage, extend girls' schooling, and improve access to sexual and reproductive health services—all critical factors for reducing early pregnancies.

"Early pregnancies can have serious physical and psychological consequences for girls and young women," said Dr Pascale Allotey, Director of Sexual and Reproductive Health and Research at WHO. "Tackling this issue means creating conditions where girls and young women can thrive—by ensuring they stay in school, are protected from violence, and can access sexual and reproductive health services."

More than 21 million adolescent girls become pregnant each year in low- and middle-income countries, about half of whom are unintended. Early pregnancy impacts girls' education and employment prospects and brings serious health risks, including infections, preterm births, and unsafe abortions.

Reasons for early pregnancy include gender inequities, poverty, and lack of access to services. There is a strong link to child marriage: in low- and middle-income countries, 9 in 10 adolescent births happen among married girls.

The guideline recommends strengthening girls' education and employment prospects. Completing secondary schooling could reduce child marriages by two thirds. It also urges laws to prohibit marriage under the age of 18.

Finally, it calls for high-quality, adolescent-responsive health services and comprehensive sexuality education to reduce early pregnancies and improve adolescents' knowledge about their bodies and reproductive health.

Source: World Health Organisation



Together against malaria: A global call to reinvest, reimagine, and reignite the fight

STAR HEALTH DESK

On World Malaria Day, 25 April 2025, the World Health Organisation (WHO) is urging renewed efforts at all levels—from global leaders to local communities—to speed up progress towards malaria elimination.

Since 2000, strong global collaboration has saved nearly 13 million lives and prevented more than 2 billion malaria cases. WHO has so far certified 45 countries and 1 territory as malaria-free, and many countries with low malaria burdens continue moving steadily toward elimination. Of the remaining 83 malaria-endemic countries, 25 reported fewer than 10 cases in 2023.

However, these hard-won gains are fragile. "The history of malaria teaches us a harsh lesson: when we divert our attention, the disease resurges, taking its greatest toll on the most vulnerable," said WHO Director General Dr Tedros Adhanom Ghebreyesus. "But the same history also shows us what's possible: with strong political commitment, sustained investment, multisectoral action and community engagement, malaria can be defeated."

New tools, new progress: Years of investment in the development and deployment of new tools and malaria vaccines are paying off.

On World Malaria Day, Mali joins 19 other African countries in introducing malaria vaccines—a major step in protecting young children from one of Africa's deadliest diseases. The large scale rollout of malaria vaccines is expected to save tens of thousands of young lives each year.

Meanwhile, a new generation of insecticide-treated nets is helping lower disease burden. According to the latest World Malaria Report, these nets—which are more effective than standard pyrethroid-only nets—made up nearly 80% of all nets delivered in sub-Saharan Africa in 2023, up from 59% the previous year.

Progress under threat: Despite these advances, malaria remains a major health challenge, killing nearly 600,000 people in 2023 alone. The African Region shoulders about 95% of the global malaria burden each year.

Progress is being hampered by fragile health systems, growing drug and insecticide resistance, and lack of access to essential malaria services for many at-risk groups. Climate change, conflict, poverty, and population displacement are worsening these challenges.

WHO has also warned that funding cuts expected in 2025 could further derail progress. Of the 64 WHO country offices in malaria-endemic countries surveyed recently, over half reported moderate or severe disruptions to malaria services.

Reinvest, reimagine, reignite: Under the 2025 theme, "Malaria Ends with Us: Reinvest, Reimagine, Reignite", the WHO calls for stronger political and financial commitments to protect the hard-won progress against malaria.

To reinvest, WHO urges malaria-endemic countries to boost domestic funding, especially in primary health care, to ensure all at-risk groups can access malaria prevention, detection, and treatment services. Successful replenishments of the Global Fund and Gavi, the Vaccine Alliance, are also vital to financing malaria efforts and achieving the WHO Global Technical Strategy for Malaria 2016–2030 targets.

A reimagined response is needed, involving innovative tools, new drugs, better service delivery methods, improved diagnostics, and advanced vector control strategies.

More countries are making malaria elimination a national priority. In March 2024, African ministers of health from 11 high-burden countries signed the Yaoundé Declaration, pledging to strengthen health systems, step up domestic resources, promote multisectoral action, and establish robust accountability mechanisms.

"This is the kind of leadership the world must rally behind," said Dr Daniel Ngamije, Director of the WHO Global Malaria Programme.

Reigniting commitment at all levels—from communities and health workers to governments, researchers, innovators, and donors—is critical to defeating malaria for good.

Source: World Health Organisation

Retinopathy of prematurity: an alarming threat for the premature newborns



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Retinopathy of prematurity (ROP) is an eye disease in some premature infants born before 31 weeks (a full-term pregnancy is about 37 to 42 weeks). It is a problem of the retina. The retina is a part of the eye that receives light and sends signals to the brain so we can see.

Blood vessels in the eyes normally finish developing a few weeks before birth. An infant who is born premature (especially before 32 weeks) and has a low birth weight (especially 1,500 grams) may get exposed to many different insults, like medicine, oxygen and various forms of breathing supports, blood transfusion, bright lights, temperature changes, etc. These insults may cause unwanted blood vessels to grow on the baby's retina, which can cause serious visual problems later.

Shortly after birth, all premature babies should be checked for ROP.

An ophthalmologist can examine the infant's eyes. However, ROP might not be visible until several weeks after birth. So, premature babies at risk for ROP are usually checked by an ophthalmologist at 4 to 6 weeks after birth and again thereafter. Timely detection and treatment can help prevent permanent vision loss. Other infants who are thought to be high risk by the newborn specialist might also be screened with eye exams.

It is very important to have eye exams after discharge from the hospital if ROP screening may not be done before discharge. The timing of these exams is very important because delays in examination will delay treatment. Delay of treatment can increase the risk of vision loss from ROP since we are not able to tell whether the baby's ROP has got worse just by looking at him or her. Also, even with successful treatment of ROP, prematurity may lead to other vision problems.

Previously, night blindness from

deficiency of vitamin A was the leading cause of blindness in our country. But with the extensive distribution of supplementary vitamin A, the problem has been resolved. Nowadays, ROP is the leading cause of blindness among the children in our country.

Bangladesh is one of the countries where premature birth is alarmingly high (16.2%), and among them, almost 30% suffer from some sort of visual impairment afterwards. The timing of diagnosis and the start of treatment is paramountly important in this issue. Here, the sooner the treatment can be started, the better the prognosis would be.

Thus, mass awareness and adequate screening of ROP among the premature newborns is essential.

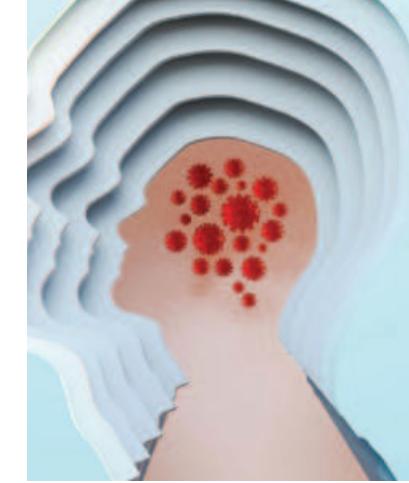
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Viral infections and dementia: what you can do to protect your brain

Emerging research suggests that infections from viruses like herpes (e.g., shingles) and SARS-CoV-2 may increase the risk of developing dementia, including Alzheimer's disease. These viruses can trigger inflammation in the brain, which may lead to memory problems and other cognitive issues over time.

The herpesviruses, including those that cause cold sores and shingles, can activate certain genes in brain cells, disrupting their normal function. SARS-CoV-2, even after mild infections, has been linked to higher levels of proteins that are associated with Alzheimer's, such as β -amyloid. This suggests that the virus might contribute to neuroinflammation, which damages brain cells.



Get vaccinated: Vaccines, like the shingles and COVID-19 vaccines, may lower the risk of dementia by preventing viral infections.

Stay mentally and physically active: Regular exercise and brain activities like puzzles can help keep your brain sharp.

Manage your health: Keep up with regular check-ups to catch any potential issues early, especially if you experience memory problems.

Support your immune system: A healthy diet, enough sleep, and stress management are important for overall health and brain protection.

While the link between viral infections and dementia is still being studied, vaccination and a healthy lifestyle remain key ways to protect your brain as you age.

Sources: Alzheimer's & Dementia, Nature Medicine, Nature Neuroscience

Safeguarding transfusions: recognising and reducing TA-GVHD risks

Imagine this scenario: you need an urgent blood transfusion, and your brother is present. Thinking it's safest, you use his blood without consulting a qualified haematologist. Within days, you develop a purplish skin rash, fever, and nausea. A visit to the doctor reveals a devastating diagnosis: Transfusion-associated Graft-versus-Host Disease (TA-GVHD)—a rare but often fatal condition with a mortality rate of 87–100% (NCBI).

Taking blood from a first-degree relative increases the risk of TA-GVHD due to partial human leukocyte antigen (HLA) matching. This similarity allows donor T lymphocytes to recognise the recipient's body as foreign and attack vital tissues. To prevent this, it's advised to take irradiated blood from non-relatives—easily available at blood banks.

Although rare, TA-GVHD is almost always fatal once it occurs. There's no effective treatment except for a stem cell transplant, which is rarely feasible in time. Symptoms typically develop 2 to 30 days after transfusion and include skin rash, jaundice, fever, nausea, fatigue, diarrhoea, liver

abnormalities, and pancytopenia—the hallmark sign.

This condition occurs when donor T cells mount an immune attack on the recipient, damaging the skin, liver, gastrointestinal tract, and bone marrow. Immunocompromised individuals are especially vulnerable, as their weakened immunity cannot counter the attack. Blood components that may carry T lymphocytes—whole blood, PRBCs, platelets, or fresh plasma—can all potentially cause TA-GVHD.

To simplify: your body has a security system. When you receive donor blood, it may bring in its own "security guards"—the donor's immune cells. If these new cells see your body as a threat, they launch a fatal internal attack instead of helping.

Death from TA-GVHD usually occurs 1 to 3 weeks after symptoms begin, due to overwhelming infections. Because of the lack of effective treatment, prevention is essential. Here are key preventive measures:

Irradiation: Gamma irradiation of blood components is the primary method to inactivate donor T-lymphocytes and prevent

TA-GVHD.

Avoid blood from close relatives: Blood from siblings or cousins should be strictly avoided due to increased HLA similarity, which raises TA-GVHD risk.

Use standardised blood banks: Choose facilities that follow strict guidelines for screening and processing blood products.

Special precautions for immunocompromised patients: These individuals face greater risk and require irradiated, carefully screened blood.

Leukoreduction: While not sufficient alone, reducing white blood cell content in blood products lowers the risk. Pathogen reduction technologies can also help.

Avoid consanguineous marriage: Reducing genetic similarity within families can lower the risk of HLA matching complications in transfusions.

TA-GVHD may be rare, but its impact is devastating. Misleading depictions in media, such as those seen in Bangladeshi films, can foster dangerous misconceptions during emergencies. Awareness and proper transfusion practices are crucial.

Further research is ongoing to identify viable treatments. Until then, recognising the risks and taking preventive steps remain the best defence.

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Quit vaping for good: The 3-step formula that works

If you are trying to quit vaping, there is new hope—and it is more effective than anything we have seen before. A recent clinical trial published in *The Journal of the American Medical Association* reveals that using three tools together can boost your chances of quitting by up to tenfold.

The study tested a medication called varenicline (commonly sold as Chantix), already used to help people stop smoking. But this is the first time it has been tested specifically for young people trying to quit nicotine vaping—and the results are impressive.

Participants aged 16 to 25 were split into three groups. The most successful

using the app alone stayed off nicotine long-term. Why does this matter? Because quitting vaping is especially tough for young people. Not only is the addiction strong, but many hide their habit from parents and hesitate to seek help. And once addicted, teens are at greater risk of developing future substance abuse issues.

The takeaway? Medication plus behavioural support and digital tools is the gold standard. If you are ready to quit, talk to a healthcare provider. Do not go it alone. With the right strategy, quitting is not just possible—it is powerful.

MIDLIFE A time to reflect, refresh, and grow

Midlife can feel overwhelming sometimes, but it is also a great chance to focus on yourself and make life even better. Here are some simple tips to help:

Take care of yourself first: It is not selfish to slow down and ask yourself what you really need right now.

Notice life changes: Whether it is kids moving out or a new role at work, take a moment to acknowledge what is different. It helps you adjust with more ease.

Learn something new: Try a new hobby, take an online class, or pick up a skill you have always been curious about. It can bring fresh excitement to your days.

Reconnect with people: Send a quick message to an old friend or make plans with family. Small connections can make a big difference.

Keep moving: Exercise does not have to be boring. Join a dance class, try hiking, or find a fun group activity to stay fit and happy.

Start small healthy habits: Simple changes like drinking more water, adding



fruit to your breakfast, or walking daily can boost both your body and mood.

Spending time outdoors: Fresh air and sunshine can lift your spirits. Even a short walk in the park helps.

Work on a passion project: Whether it is writing, painting, or gardening, doing something you love can bring you joy and new energy.

Talk to a therapist if needed: A little support can help you make sense of your thoughts and plan your next steps.

Midlife is a crisis—it is a chance to refresh your life in wonderful ways.