



Surge in diphtheria infections raises alarms across European health systems

Health officials are raising concerns after a major increase in diphtheria cases across the European Union (EU). Between 2016 and 2021, the EU reported an average of just 27 cases per year. But in 2022, that number suddenly jumped to 362 cases, prompting detailed investigations.

The majority of those affected were young men (98% male), with 96% being recent migrants. Unfortunately, vaccination status was unknown in 80% of the cases, making it hard to assess their protection against the disease.

Diphtheria is a serious bacterial infection, best known for affecting the throat, but it can also cause skin sores. In this outbreak, 78% of patients had skin-related (cutaneous) diphtheria, 15% had respiratory symptoms—including 3% with severe throat infections known as pseudomembranous disease—and 3% had both forms. There were 17 hospitalisations and one death.

Further testing revealed that 30 patients were also infected with *Streptococcus pyogenes*, a bacterium that can cause strep throat, and 15 had methicillin-resistant *Staphylococcus aureus* (MRSA), which is hard to treat.

Fortunately, most of the *Corynebacterium diphtheriae* bacteria (the cause of diphtheria) were still treatable with common antibiotics—98% were susceptible to penicillin and 94% to erythromycin. Genetic analysis showed that most infections came from three unrelated bacterial strains, suggesting people were infected during their migration journey or in overcrowded centres.

Health authorities stress the importance of early detection, hygiene, and vaccination to prevent further spread.

SOURCE: NEW ENGLAND JOURNAL OF MEDICINE

Whispers of sleep: finding balance through rest

STAR HEALTH DESK

Sleep is essential for good health, and how much you need varies by age. Newborns may need up to 17 hours daily, while adults generally require 7 to 9 hours. Older adults do well with 7–8 hours, while teens need closer to 8–10. Pregnant women often need additional rest, especially in the first trimester.

Not getting enough rest can lead to “sleep debt,” which builds up over time and impacts your brain, mood, and body. You might not even realise you are sleep-deprived until signs like grogginess, poor focus, or falling asleep easily during the day appear.

Sleep happens in stages, with deep sleep helping the body heal and recharge. REM sleep, which begins about 90 minutes after falling asleep, is when most dreaming occurs and plays a key role in memory and learning.

Sleep deprivation does not just leave you tired—it can affect your immune system, mental health, weight, and even your ability to drive safely. In fact, studies show that drowsy driving can be as dangerous as drunk driving.

To sleep better, set a regular bedtime, keep your sleep environment quiet and cool, avoid screens before bed, and skip caffeine and heavy meals in the evening. If you struggle with persistent sleep issues, it may be time to consult a healthcare professional.

Ultimately, if you are constantly relying on caffeine, waking up tired, or dozing off during the day, your body is telling you one thing: it needs more sleep.



WORLD DROWNING PREVENTION DAY 2025

Sharing stories, saving lives

STAR HEALTH DESK

Each year, more than 300,000 people worldwide lose their lives to drowning—over 80,000 of them in the World Health Organisation (WHO) South-East Asia Region alone. To shine a light on this preventable tragedy, World Drowning Prevention Day is observed every 25 July. This year’s theme, “*Your story can save a life—Drowning prevention through shared experiences*,” underscores the importance of learning from lived realities.

Drowning is a silent epidemic, and children are its most vulnerable victims. Globally, it ranks among the top three causes of death for children aged 1–14. Yet, despite its magnitude, drowning prevention has long remained under-prioritised in health and development agendas.

In Southeast Asia, focused advocacy and community-driven interventions have led to real change. Since 2000, the region has achieved a 48% reduction in drowning death rates—surpassing the global average of 38%. The key has been context-specific, inclusive programs that prioritise at-risk populations.

In Bangladesh, the challenges

are acute. Rural areas are dotted with open water bodies—ponds, canals, and ditches—that pose daily risks to children. For years, parents, especially mothers, were faced with an impossible choice: leave young children unsupervised or forego livelihoods.

Recognising this dilemma, Bangladesh pioneered a powerful local solution: the Anchal model. These are rural day-care centres where trained carers supervise children aged 1–5 during the hours when drownings most commonly occur. Older children transition into SwimSafe, a program that teaches lifesaving water survival skills in just two weeks. So far, over 700,000 Bangladeshi children have been trained, with studies showing that the risk of drowning drops significantly for children who participate.

Bangladesh’s model has drawn international attention, offering a template for other low- and middle-income countries. Its success lies in community ownership, low-cost scalability, and clear impact.

Elsewhere in the region, similar innovations are saving lives. In Sri Lanka, a voice and SMS

alert system called Sayuru now delivers real-time weather updates to over 100,000 fishers, slashing storm-related fishing deaths by more than 70%. In Thailand, the Merit Maker program turned a safety campaign into a nationwide movement, cutting child drowning deaths by 57%.

In Nepal, where rivers and lakes present persistent risk, WHO and the Ministry of Health are partnering to conduct rapid community assessments and build local awareness.

These examples show that interventions work—when they are tailored to communities’ lived experiences. But more investment is needed, particularly in inclusive strategies that reach children with disabilities and marginalised groups.

On this World Drowning Prevention Day, WHO urges all member states to integrate drowning prevention into national health and development plans. It is not just about numbers—it is about people. Stories of survival, resilience, and innovation deserve to be heard and shared.

Because your story—your experience, your solution—can save a life.



Your daily walk might be the best medicine you are ignoring!

RAISA MEHZABEEN

Every step you take might just be a step away from disease, decline, or even death. That is the compelling message emerging from a landmark study published in The Lancet Public Health. Forget the intimidating 10,000 step myth. As few as 7,000 steps a day can significantly cut your risk of dying early, developing heart disease, diabetes, dementia, or suffering from depression.

Researchers found that benefits from walking do not demand athletic stamina. In fact, most health gains start showing around 4,000 steps—a mere 30 to 40 minutes of daily activity. But 7,000 steps seems to be the sweet spot, dramatically lowering the risk of cardiovascular incidents by 25% and heart-related deaths by a staggering 47%.

Interestingly, the rate of walking (pace) also mattered to some extent. Faster walking for just 30 minutes a day showed additional mortality risk reduction, though the link was not uniform across all health outcomes.

For countries like Bangladesh—where urban congestion, rising non-communicable diseases (NCDs), and sedentary lifestyles are taking a heavy toll—this research should ring alarm bells. It is time for city planners, employers, and health policymakers to stop ignoring walkability. Investing in safe footpaths, green walking trails, and awareness campaigns around walking could pay back in public health dividends.

Each step you take is not just a move forward—it is a move toward a healthier, longer life.

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Cross-border care for Milestone tragedy victims

Singapore medical team extends lifesaving support to the victims of fighter jet crash in Dhaka

STAR HEALTH REPORT

In the aftermath of the tragic fighter plane crash that severely injured many students from Milestone School and College, a team of specialised medical professionals from Singapore immediately arrived in Dhaka to provide critical care support. The mission, driven by humanitarian urgency, was swiftly mobilised in response to calls from the Government of Bangladesh and the National Institute of Burn and Plastic Surgery.

“We are here to support—not to take over,” said Dr Jolin Wong from Singapore General Hospital, one of the team members deployed in this emergency initiative. “Our primary role has been to assess critical cases in the ICU and high-dependency units, offering expert guidance to the local medical teams who have already done a commendable job.”

The Singaporean team includes intensivists, nurses, and infection control experts, many of whom have long-standing professional relationships with the Bangladeshi medical community. They have not performed any invasive procedures but are offering consultation support to ensure the highest quality of care is maintained for patients, most of whom are children.

According to the visiting doctors, more than 50 per cent injured patients are expected to recover and walk out of



Doctors from Singapore at the National Institute of Burn and Plastic Surgery in Bangladesh.

the hospital—a significant improvement compared to past burn incidents in the country. “Ten years ago, such survival rates would have been unimaginable,” said Dr Chong Si Jack, Senior Consultant, and Burns Specialist, emphasising the impact of training and collaborative efforts over the years.

The support mission was initiated through rapid coordination between the Singaporean Ministry of Health, SingHealth Group, and the Bangladesh Ministry of Foreign Affairs. The team praised the seamless collaboration with the Bangladesh High Commission in Singapore and the local authorities for facilitating their quick deployment, including logistics, travel, and customs

clearance of essential wound care supplies.

While commending the surgical capabilities of the Burn Institute, the team highlighted critical gaps in intensive care services. “Bangladesh has made significant progress, but ICU management remains an area that needs further investment—especially in trained intensivists, infection control protocols, and real-time patient monitoring,” said one of the team leaders.

They also pointed out the need for better infrastructure around the burn institute to avoid logistical delays in future emergencies. “In mass casualty situations, minutes can save lives. Having just one narrow entry point for ambulances is a bottleneck that needs urgent attention.”

Infectious disease control remains

another concern. Cultural practices such as bringing home cooked meals to hospitals and the presence of large crowds of visitors can introduce harmful bacteria to already vulnerable patients. “We understand these are deeply ingrained habits, but in ICU settings, stricter protocols could help save more lives,” noted a member of the infection control team.

Despite speculations in the media, the team clarified that there is no current plan to transfer patients to Singapore. “Our goal is to support local care. The decision to treat patients here was both scientific and compassionate. The Burn Institute is well-equipped, and the staff is highly trained,” affirmed Dr Chong.

Looking ahead, both Bangladeshi and Singaporean teams see this crisis as a catalyst for long-term collaboration. “This isn’t just a one-time intervention. It’s about strengthening systems, building capacities, and sharing knowledge—so that we can all be better prepared for the future,” said Ms Vijaya Rao, Senior Director, International Collaboration Office, SingHealth.

The visiting team also commended the spirit of the Bangladeshi doctors and nurses. “Working with them feels like working from the heart,” one nurse remarked. “This partnership is built on trust, mutual respect, and a shared commitment to saving lives.”

WORLD HEPATITIS DAY 2025:

Hepatitis—let us break it down

World Hepatitis Day is observed annually on 28 July to raise awareness of viral hepatitis, an inflammation of the liver that causes severe liver disease and liver cancer.

The 2025 theme, “*Hepatitis: Let us break it down*,” calls for urgent action to dismantle financial, social, and systemic barriers—including stigma—that hinder hepatitis elimination and liver cancer prevention.

Key messages

1. Hepatitis is a leading cause of liver cancer—and a growing killer. Chronic viral hepatitis causes 1.3 million deaths annually, mostly from liver cancer and cirrhosis—that is 3,500 deaths per day, similar to tuberculosis. Hepatitis B and C spread silently, with 6,000 new infections daily. Despite being preventable and treatable, the disease burden rises, especially in regions with limited access to care.
2. Knowing your status stops liver



cancer. Most people with hepatitis do not know they are infected. Early diagnosis leads to life-saving treatment and cancer prevention. Testing—especially in endemic regions or among high-risk groups—is vital to ending hepatitis.

3. We can prevent 2.8 million deaths by 2030—if countries act now. Elimination is possible. Vaccines, curative therapies, and

proven tools exist to stop transmission. But most cases are diagnosed too late. Achieving elimination requires national commitment, strategic investment, and public health systems that embed hepatitis services in primary care. Early diagnosis and integrated, people-centred care will save lives and prevent liver cancer.

Call to action: eliminate hepatitis to prevent deaths and cancer

- Get tested for hepatitis B and C.
- Ensure newborns receive the hepatitis B vaccine within 24 hours of birth.
- Learn the facts; talk to a healthcare provider about early testing and treatment.
- Help end stigma by sharing accurate information.
- Lead and fund awareness campaigns linking hepatitis care to liver cancer prevention.
- Expand hepatitis B birth-dose

vaccination, safe blood/injection practices, and harm reduction.

- Scale up affordable, decentralised testing and treatment through primary care, including HIV, NCDs, cancer control, and maternal/child health platforms.
- Embed hepatitis services into universal health coverage and national insurance schemes.
- Engage stakeholders and invest in strong data systems for accountability.
- Prioritise early diagnosis and treatment, especially in high-burden and underserved areas.
- Decentralise services to primary and district health centres.
- Integrate hepatitis prevention into maternal and child health programmes.
- Ensure free or universal access to testing and treatment.
- Mobilise sustainable funding and use data to track progress.