Focus On Enteric Diseases In Developing Countries

Chaired by former ICMR DG NK Ganguly the 8th thematic session on February 13, covered a global scenario on enteric diseases. Cholera expert Dr Sujit K Bhattacharya spoke of the progress on tackling cholera, while PATH's Enteric Vaccine Initiative Tom Wierzba spoke about shigella. Sushant Sahastrabudhe from IVI spoke on typhoid and the link between improved sanitation and control on the disease. PATH's Eileen Quinn detailed the importance of advocacy and communication in keeping diarrhoea and pneumonia on the global agenda.

Cholera: a myth or reality?

At the 14th WCPH, on February 13, a panel of experts on enteric diseases addressed the current scenario of cholera. Mr. Martin Mengel, a representative of AFRICHOL (African Cholera Surveillance Network) talked about the reality of cholera in Africa. Starting with a statement on possible prevention strategies, he mentioned that according to WHO, there are 3–5 million cholera cases, per year. After going into the preventive strategies of AFRICHOL, he talked about the vaccination system in use and its efficacy. Next came up the overall and specific objectives of AFRICHOL including the collection of case based data in order to make evidence based decisions.

Mr. Mengel shared models of AFRICHOL's country network and gave case definition of cholera and the differences between suspected and confirmed cases. He stated that cholera has an uneven geographical spread when viewed at a local scale and at a national scale. He then noted that the 16–45 age group is the most affected, at 48 per cent of all cases reported whereas gender based difference is nearly non-existent. He insisted that preventive actions must be quick and targeted. Dr. John Clemens then took the stage and talked about how vaccines transformed from a scientific concept to public health reality. He mentioned that more than 100,000 deaths annually make cholera an epidemic as well as endemic disease, having macro as well as microeconomic costs. He concluded with the coming of and improvement of cholera vaccines over the years and how it has evolved to reach higher levels of efficacy over the past years but it is yet to reach the effectiveness.

Spotlight on Mother & Child Care

One of the last thematic sessions of February 12, Improving Quality of Care at Birth: Status, challenges and action, aimed to bring forward the problems and solutions of quality of care at birth. With an impressive array of panelists which included Dr. Genevieve Begkoyian, Chief Health Section, UNICEF India, Mr. Malay Kumar De, Principal Secretary, Dept. of Health & Family Welfare, Govt. of West Bengal, Dr. Rathna Kumar, and Doctors Rathna Kumar, Ashok Deorani, M. Prasanna, Rakesh Kumar and Kanikika Mitra. The informative session brought forth the problems plaguing childbirth care. Starting from the under-utilisation of Primary Health Centres (PHC) in the country to over reliance on Community Health Centres (CHC) to the role of the rural midwives, the panelists skillfully topped off each point one by one, stripping it down to their bare basics for the attendees. An important point about the staff shortage and under-utilisation of nurses as midwives, and women, in general, in assisting the act of a birth of a child with a strong advocacy of women empowerment drew immediate applause and admiration from the audience. A lively question and answer session followed where the panelists were inundated with enthusiastic questions ranging from caesarean birth to the role of rural midwives in childbirth care to various methodologies adopted to arrest the Maternal Mortality Rate and the Infant Mortality Rate, all of which were answered by the panelists in a succinct manner before one of the liveliest sessions of the day came to an end.

Neo-natal care: experiences from Africa

The session on Maternal Death Surveillance and Response (MDSR) on February 13 highlighted the causes of maternal mortality in the country. Despite significant progresses in the last two decades, there have been 287,000 maternal deaths, 2.6 million still births and neo-natal deaths resulting from complications during and following pregnancy and child birth.

The panel stressed on how most maternal deaths can be prevented by using certain basic guidelines. The three major...
delays namely delay in recognizing and seeking care during occurrence of complications, delay in reaching a health facility and delay in receiving proper care of reaching the centre.

The need for accurate plotting of causes and number of deaths of women was explained in great detail. Deaths due to hypertension disorder, botched abortions and other lapses were touched upon. Sri Lanka’s example was cited, given the effective measures they have taken to bring down the Maternal Mortality rate.

The panel also discussed accountability of doctors and health professionals and expressed desire for swift data sharing that would enable a check on the methods and measures that can be used to routinely dig out flaws in the system with the ultimate aim of bringing down MMR and IMR to as low as humanly possible.

The current state of rotavirus prevention and control

On 13th February at the 14th WCPH, at a session on Rotavirus, PATH’s program leader, vaccine access and delivery Kathy Neuzil spoke on the effect of rotavirus on children and how it causes severe dehydration sometimes with fatal consequences. She said in 2006 there was no recommendation for rotavirus vaccinations in Asia and Africa where disease burden has been noted to be the greatest. Today the WHO has approved two orally administered vaccines which are being used in 75 countries. These vaccines, namely Rotarix and Rotatet, have shown to have a 50-70% efficacy in high disease burden countries like Malawi, Ghana, Kenya, Bangladesh, etc. while South Africa had the highest efficacy rate at 76.9%.

Interestingly, these vaccines have been proven to be almost equally effective even in cases of those rotavirus strains which are not included in the vaccines. There has also been a notable reduction in hospitalizations throughout the world, notably in developed countries like USA and Australia. As a concluding note, she stressed the need to encourage proper sanitation, breastfeeding, zinc supplementation and key factors like availability of clean water in order to combat rotavirus caused diarrhea in a comprehensive manner.

Dr Gangandeep Kang, Director of the Wellcome Research Lab at Vellore talked about rotavirus strains in India. She spoke about rotavirus burden and strain distribution along with the state of rotavirus vaccines in India. She also noted that vaccinations have the ability to prevent 30,000 deaths in India per year. Coming to the commonly asked question of intussusceptions, Dr. Kang said that there was a very low risk of intussusceptions as indicated by current studies and while strain re-assortment does happen, but it may not always be a cause of fatality.

Dr Nita Bhandari, president of the Centre for Health Research and Development (CHR&D), New Delhi detailed her organization’s lead role in the phase 3 efficacy study of the indigenously manufactured rotavirus vaccine now known as Rotacam. She spoke how it compares to Rotarix and Rotattet. She noted its efficacy rate and mentioned how it may be crucial in preventing several rotavirus caused diarrhoea cases per year.

The session was chaired by Dr Raj Shankar Ghosh, Director Immunization, Bill & Melinda Gates Foundation, New Delhi.

The importance of Clean Water

The session, Missing in Public Health - Losing in Development: the Story of WASH, was one of the more important sessions on Feb 13, as far as India’s general hygiene is concerned. The Public Health System in the country has by far neglected water sanitation and hygiene which results in hampering of overall development in health. Water being the most commonly used element of the planet after air, has immense influence on public health. Improper sanitation and hygiene of it causes a plethora of diseases stressed the panel.

Dr. J. Grimeland quoted, “Freshwater sanitation and hygiene are most important to promote health and prevent disease and everyone has to be actively involved in it.” The panel went on to explain the methods of implementation, the most important one being effective training in water sanitation of mothers by healthcare workers, as in the rural society where the problem persists, mothers are most receptive of any new training that would protect their wards from diseases and keep an eye out on the general hygiene of the family.

Some facts on sanitation in India

More than 2,00,000 children die every year due to inadequate sanitation facilities in India.

The worst affected are women and girls, who are especially affected by the lack of toilets in schools, and the lack of running water in toilets, even where they exist. This causes girls to drop out when they reach puberty, and hence suffer from an incomplete education. At home, lack of washing facilities for their menstrual cloth, or lack of disposal facilities for sanitary pads results in reproductive tract infections, and even death. In the Sundarbans, women must walk away from villages to relieve themselves, and often end up mauled by tigers and other wild animals. In urban slums, lack of toilets has women hold on to a basic human urge and relieve themselves either early hours of the morning or after nightfall. This, in turn, exposes them to attacks by anti-socials and violence. Yet, there has been very little focus on issues like toilet and clean running water until very recently.

Toilets and sanitation facilities have been taken up in a big way under the Swachh Bharat campaign, yet very little has been done towards changing behavioural patterns to stop
open defecation. Public interest advertising has been exhorting people to build household toilets, but not much effort has gone in to create behavioural change by instructing parents and children about the benefits of hand-washing. For the desired results, it is important to look upon WASH as a developmental tool, and not just a health problem.

(Compilation from news articles)

Women Speakers at the World Congress

There will be significant reduction on malaria cases by 2030 according to experts at the 14th World Congress on Public Health. The disease cannot be totally eradicated but will be reduced by 90 per cent. Launched in 2008, ROLLBACK MALARIA has drawn up a 15-year GLOBAL TECHNICAL STRATEGY (GTS) for 80 countries that include India.

Open air Dance Performance
Learning from Ebola; Lessons for Dengue

One of the concurrent sessions covered in the 14th World Congress on Public Health on February 13, focused on Emerging and re-emerging infectious diseases—Dengue and Ebola: regional response and preparedness by IDRC shed much needed light on how an outbreak of an emerging/re-emerging disease could be contained through proper and safe measures and quick response. The session, chaired by Arlyne Beeche, Senior Program Officer, IDRC Asia Regional Office, had eminent doctors on the panel that had been a part of the response team or had been associated in fighting of the deadly virus spreading its tentacles in West Africa.

Dr. V. Ramana Dhara took to stage explaining the symptoms of Ebola and how recognising the disease at an earlier stage could prove much less lethal than popular perception about it. The treatment at an earlier stage, he said, was as simple as keeping the body hydrated while keeping stability of internal organs intact, while the body’s immune system fought against the disease. Having established the fact that the disease was treatable, he went on describe the procedures for selection of a response team for an outbreak. Mental and physical toughness is a prerequisite as is passing a psychological test to test for mental strength, for the response team’s job can go up to a gruelling 3 week schedule in midst of panic and hopelessness.

Dr. Suvajee Good, stressed on understanding the heterogeneity of the communities in West Africa, keeping in mind the socio-cultural context of the crisis. Training the health workers in recognizing these factors would increase the efficiency of the response as community friendly, socially acceptable methods. She also espoused on the need for creation of several non-medical teams, taking care of logistics, finances, security and WASH campaigns among others for an effective response.

When Dr. Michael Asuzu took the podium, he started off with the anecdote of how Ebola actually re-emerged in Nigeria, citing a Liberian diplomat’s role in it. He joked about how the outbreak this time was taken much more seriously than the last time it occurred three decades ago, because the infected population was largely poor. He then went on to lay down the entire history of the outbreak in Nigeria till the country was declared Ebola free.

The final speaker Dr. Madika spoke broadly about the spread of the disease, giving the example of Lagos. Being a densely populated region, Ebola spread at a far quicker rate than anticipated. She spoke about her experience as a part of the communications team and the role of TV and Radio in helping spread awareness. It was imperative to keep in mind, she explained, that the diseased were stigmatised and discriminated against and it is the responsibility of the response team to communicate with various societal groups to remove the aforesaid discrimination. She also showcased an ad campaign used to educate all citizens about the disease and stressed on the role of social media. Battling misinformation was one of the most important tasks she was faced with as it fueled fire in an already panicked nation. She ended her presentation by once again stressing on effective communication about the disease and that the same channels could be used to promote general welfare and hygiene, as they are being used now in Nigeria in the aftermath of it becoming an Ebola free nation.