**Special Points**

1. Affiliation Letter of NEPHA from World Federation of Public Health Association
2. NEPHA actively participated in National Conference
3. Announcement of JNEPHA
4. Different Articles related to Health service, Climate health and disease

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**NEPHA is Officially Announce the Articles for JNEPHA for 7th Volume**

Journal of Nepal Public Health Association (JNEPHA) an official, peer reviewed, public health journal of the Nepal Public Health Research Association since 1998 on the chief editor of Dr. Ananda Ballav Joshi. Due to some circumstances the regular publication was interrupted. Now, JNEPHA is going to publish the interrupted journal in quarterly basis including the last issue also. The executive board of association is appointed Dr. Rajendra Kumar BC as a chief editor of JNEPHA, which is peer reviewed journal and officially registered in ISSN and NEPJOL. Recently JNEPHA will start to register in INDEX. JNEPHA call article for current quarterly Sept-Dec 2013 and four issue of last year. It is published annually then biannually and it will be continuing tri annually from 2013 as open access journal and publishes articles on the following category:

1. Original Article,
2. Review Article,
3. Case Report,
4. Public Health Education,
5. Viewpoint and

The journal publishes articles related to researches done in the field of public health sciences and allied sciences related to all the discipline of the medical sciences. Social health issues, health system, environmental health, health economics, nutrition, microbiology, biochemistry, disease, epidemiological study and many more including ethical and behavioural issues pertaining to health. The journal gives preference to public health oriented studies over analytical and experimental studies. The Journal would publish peer-reviewed original research papers, case reports, systematic reviews and meta-analysis. Editorial, Guest Editorial, Viewpoint and letter to the editor are solicited by the editorial board.

Everybody from national and international could submit the public health related article for publication. You could visit official webpage [www.journal.nepha.org.np](http://www.journal.nepha.org.np) and detail information about the journal. Submission of the manuscript means the process to send of your articles (Original, Review, Case Report, Public Health Education, Viewpoint and Letter to Editor) in given framework in defined sheet. Submission of article is automatically lending exclusive copyright to JNEPHA.

You could submit your article with below document. All these document could be download from our [webpage](http://www.journal.nepha.org.np).

1. Forwarding letter
2. Authorship and declaration
3. Manuscript in defined sheet
4. Ethical clearance whenever necessary
5. Resume of first author (No more than 2 pages)
6. Checklist (Optional)

Note: Before submission please check our policy along with right and duties. You could submit your manuscript through our email or P.O. Box or direct to office through [contact](http://www.journal.nepha.org.np).
Private Sector in Public Health at Far Western Region

In line with NHSP-2 Government of Nepal/MoHP has taken the initiation in Sector Wide Approach (SWAPs) approach in health sector program. Currently, about 50% of health service is delivered from private sector institution. In case of Far Western region public health P1 program and its impact is not achieve as expected to be like; the maternal health is not improve as expected and neonatal mortality remains high as findings in (NDHS, 2011) due to various reasons such as lack of specialized facilities, coordination with public private sector, cultural barriers, and higher level referral center.

Ownership to mainstreaming Private sector in public health from the district health office seems below the expected level; the private sector service is another challenge in the region. Some of the private hospitals are trying to create environment to provide the services which is not sufficient and not focused in hard to reach, disadvantage group of people and vulnerable population as Health Right of Nepali people mandate in interim constitution 2063. These are the major challenges existing in the region. As regional Health Directorate has taken the initiation to review the private sector who is working in the region and have had extensive supervision in the private sector. In the field experience, we found the real voice from the family and felt these are the gaps exiting based on the fact findings of field visit.

Voice from the mother;

My name is Sam Devi Bista 19 years old from Bellapur VDC- SHP Bellapur. My house is ½ hour far from the SHP. I have been married since one year. This is my first child.

My husband is in India working as labour. This is my first baby. When I knew I am pregnant. I went to the SHP for ANC checkup and staff had given me iron tablet and taken T.T-2 had two T.T but didn’t attend 3 and 4 ANC visit. I had baby before completion of 9 months. I was coming to attend the delivery at SHP but I delivered my baby boy on the way and my mother in law cut my placenta by ‘ASHI’. Then we return back to the home. After 9 days of the delivery my bay had develop the few pustules with rashes in abdominal, umbilical infection with fever. My mother in law and brother in law decided to bring my baby to the hospital after talking with my husband.

Since 3 days I am in TEAM hospital (Dadledhura)

Findings: The weight of neonate was 2.22 kg with Possible Sever Bacterial infection (PSBI). As observed in hospital the clinical management of newborn doesn’t seems to follow as given in National level Protocols of PSBI as instruction in Community Base Neonatal Care Program(CBNCP) protocol. They have kept neonate in incubator and given to the antibiotics. This case study reflects us to felt gaps /space need to be improved????
“This is time to work together by Public and Private Health sectors to achieve the millennium development goals and improving the quality of service.”

By- Experiences sharing by Mr. Parshu Ram Shrestha-RD/FWR and Durga Uperety-MNCH Specialist/NHSSP
Udden Sensineural Hearing Loss: An Underrated Entity

Sudden hearing loss can occur in healthy ear as well as previously diseased ear. So status of ear prior to get diseased should be known. Here patient history of previous normal hearing or sudden deterioration in hearing status must be trusted by the doctors. Previously documented hearing threshold is of good help. There are several definitions of SSNHL but the widely accepted the one given by Wilson et al in 1980. It states that sensineural hearing loss of ≥30dB in ≥3 contiguous frequencies in <3 days. Hence audiometry is must to properly diagnose it but management shouldn’t be delayed due to lacking of instrument. A normal external auditory canal and tympanic membrane with simple tuning fork test with “No response Rinne test” in previously normo-premorbid hearing status can be of great help.

By definition the term idiopathic implies that no specific cause is identifiable. In some cases history of trauma to ear and temporal bone is there, some have acute otitis media, or use of ototoxic drug or exposure to loud noise. But in most of SSNHL doctors are unable to find a definite cause clinically or with extensive investigations like haematological, biochemical and serological blood analysis, CT/MRI, Echocardiography, etc. It’s been said that in about 5% of such cases a specific cause is found.

In medical science when you might not have exact cause you will have many different possible causes, this adds up to the confusion. When so many causes are there, then we have so many treatment options as well. Some claims that their treatment is best and other says that about their own. The postulated causes of idiopathic SSNHL (ISSNHL) include viral infections with special affinity for cochlear nerve, vascular occlusion, immunological, etc. Most of the cases will have unilateral involvement and development in both the ears is extremely rare. Profound hearing loss in one ear is enough to make a person isolated from surrounding as he can’t perceive direction of sound and discrimination is difficult. By different epidemiological studies it has been found that it is more common in old age, with different comorbidities especially of lungs and heart, polycythaemia, diabetes, hypertension. Presence of tinnitus is good sign while old age, delayed presentation, vertigo, raised ESR more severe loss and especially involving higher frequencies signifies poor prognosis.

The different treatment modalities with different modifications claim different recovery rate. A complete recovery is defined as recovery of hearing to within 10dB of prehearing loss. It is said that about half of all patients experience complete recovery without any half of the patients. We aim our treatment for rest half of the patients. As there is no fixed set of investigations to be done before labeling as ISSNHL, an “idiopathic” in one center could be of a “specific” cause in other center. So the results from different centers are difficult to compare. Many drugs have been used in the management of patients with ISSNHL like antiviral, steroids, drugs reducing viscosity of blood, vasodilators, vitamins and trace elements, histamine analogues, carbogen inhalation, etc. A long list signifies that no single agent has proved universally accepted. Randomized control trial by Wilson in 1980 showed that there is statistically significant improvement in recovery with the use of steroid. Most of the centers in Nepal are using steroids as their prime
What is Rio+20

The United Nations Conference on Sustainable Development held in Rio De Janerio (Brazil) an declaration taken by this conferences is known as Rio+20 has adopted a series of measures that have the potential to contribute to a more equitable, cleaner, and more prosperous world and recognizes the important linkages between health and development.

Rio +20 emphasizes the importance of universal health coverage to enhancing health, social cohesion and sustainable human and economic development. And it acknowledges that the global burden and threat of non communicable diseases (NCDs) constitutes one of the major sustainable development challenges of the 21st century.

Health related development issues

Healthy people are better able to learn, be productive and contribute to their communities. At the same time, a healthy environment is a prerequisite for good health.

Health related development issues covered in detail in the outcome document include:

- access to better energy services including sustainable cooking and heating solutions, which can significantly reduce childhood pneumonia and adult cardiopulmonary disease deaths from indoor air pollution;
- greater focus on urban planning measures including more sustainable, energy-efficient housing and transport – which can significantly reduce many NCD risks, e.g. cardiopulmonary diseases from air pollution, health risks from physical inactivity and traffic injury;
- better sanitation in cities and villages to protect against the spread of communicable diseases;
- sustainable food systems that combat hunger and contribute to better health and nutrition;
- more sustainable water usage, meeting basic needs for safe drinking-water, and stewardship of water supplies to grow food;
- assurance that all jobs and workplaces meet minimum safety and health standards to reduce cancer, chronic lung diseases, injuries and early deaths.
**Lymphatic filariasis**

An endemic Disease in Nepalese Society

Lymphatic filariasis, commonly known as elephantiasis (*HATTAE PAILAE*), is a neglected tropical disease. Infection occurs when filarial parasites are transmitted to humans through mosquitoes. When a mosquito with infective stage larvae bites a person, the parasites are deposited on the person's skin from where they enter the body.

Currently, more than 1.4 billion people in 73 countries are at risk. Approximately 65% of those infected live in the WHO South-East Asia Region, 30% in the African Region, and the remainder in other tropical areas. Lymphatic filariasis afflicts over 25 million men with genital disease and over 15 million people with lymphoedema.

Prevalence and intensity of infection are linked to poverty, its elimination can contribute to achieving the MDG.

**Cause and transmission**

Lymphatic filariasis is caused by infection with nematodes (roundworms). There are three types of these thread-like filarial worms: 1. *Wuchereria bancrofti*, which is responsible for 90% of the cases. Adult worms lodge in the lymphatic system and disrupt the immune system. They live for 6-8 years and, during their life time, produce millions of microfilariae (small larvae) that circulate in the blood.

The recommended regimen for treatment through mass drug administration (MDA) is a single dose of two medicines given together - albendazole (400 mg) plus diethylcarbamazine citrate (DEC) (6 mg/kg). In Nepal also every year MOHP endorsed MDA programme throughout the Nepal.

Mosquito control is another measure that can be used to suppress transmission. Measures such as insecticide-treated nets or indoor residual spraying may help protect populations in endemic regions from infection.

Patients with chronic disabilities like elephantiasis, lymphoedema, or hydrocele are advised to maintain rigorous hygiene and take necessary precautions to prevent secondary infection and aggravation of the disease condition.

**Symptoms**

Its infection involves asymptomatic, acute, and chronic conditions. The majority of infections are asymptomatic, showing no external signs of infection. These asymptomatic infections still cause damage to the lymphatic system and the kidneys as well as alter the body’s immune system.

Acute episodes of local inflammation involving skin, lymph nodes and lymphatic vessels often accompany the chronic lymphoedema or elephantiasis.

**Treatment and prevention**

When lymphatic filariasis develops into chronic conditions, it leads to lymphoedema (tissue swelling) or elephantiasis (skin/tissue thickening) of limbs and hydrocele (fluid accumulation). Involvement of breasts and genital organs is common. Such body deformities lead to social stigma, as well as financial hardship from loss of income and increased medical expenses. The socioeconomic burdens of isolation and poverty are immense.

**Key facts**

- Nearly 1.4 billion people in 73 countries worldwide are threatened by lymphatic filariasis, commonly known as elephantiasis.
- Over 120 million people are currently infected, with about 40 million disfigured and incapacitated by the disease.
- Lymphatic filariasis can result in an altered lymphatic system and the abnormal enlargement of body parts, causing pain and severe disability.
- Acute episodes of local inflammation involving the skin, lymph nodes and lymphatic vessels often accompany chronic lymphoedema.
- To interrupt transmission WHO recommends an annual mass drug administration of single doses of two medicines to all eligible people in endemic areas.
World Hepatitis Day, 28 July 2013
This is hepatitis. Know it. Confront it

Every year on 28th July world Hepatitis day is celebrated to increase the awareness and understanding of the viral hepatitis and the diseases that cause it. This year world is celebrating this day with slogan This is hepatitis. Know it. Confront it. The slogan emphasizes on creating global attention to the problem caused by Hepatitis.

Hepatitis viruses A, B, C, D and E can cause both acute and chronic inflammation of the liver which can lead to liver cirrhosis or cancer in later stage. Hepatitis is a Global health problem with around 240 million people being chronically infected with hepatitis B and around 150 million people chronically infected with hepatitis C.

Hepatitis A
- Hepatitis A is a viral liver disease that can cause mild to severe illness.
- Globally, there are an estimated 1.4 million cases of hepatitis A every year.
- The hepatitis A virus is transmitted through ingestion of contaminated food and water, or through direct contact with an infectious person.
- Hepatitis A is associated with a lack of safe water and poor sanitation.
- Epidemics can be explosive in growth and cause significant economic losses.
- Improved sanitation and the hepatitis A vaccine are the most effective ways to prevent.

Hepatitis B
- Hepatitis B is a viral infection that attacks the liver and can cause both acute and chronic disease.
- The virus is transmitted through contact with the blood or other body fluids of an infected person.
- About 600 000 people die every year due to the consequences of hepatitis B.
- Hepatitis B is an important occupational hazard for health workers.
- Hepatitis B is preventable with the currently available safe and effective vaccine.

Hepatitis C
- Hepatitis C is a liver disease caused by the hepatitis C virus.
- The disease can range in severity from a mild illness lasting a few weeks to a serious, lifelong condition that can lead to cirrhosis of the liver or liver cancer.
- The hepatitis C virus is transmitted through contact with the blood of an infected person.
- About 150 million people are chronically infected with hepatitis C virus, and more than 350 000 people die every year from hepatitis C-related liver diseases.
- Hepatitis C can be treated using antiviral medicines. But currently no vaccine for hepatitis C.

Hepatitis E
- Every year there are 20 million hepatitis E infections, over three million acute cases of hepatitis E, and 57 000 hepatitis E-related deaths.
- Hepatitis E is usually self-limiting but may develop into fulminant hepatitis (acute liver failure).
- The hepatitis E virus is transmitted via the faecal-oral route, principally via contaminated water.
- Hepatitis E is found worldwide, but the prevalence is highest in East and South Asia.
- China has produced and licensed the first vaccine to prevent hepatitis E virus infection, although it is not yet available globally.
Upcoming Climate change and Human health

There is general consensus among scientific community that climate of the earth is changing way too quickly than before. Intergovernmental Panel on Climate Change (IPCC) confirmed that humans are playing major role in ongoing climate change, largely due through deforestation and the combustion of fossil fuels.

The change in the environmental condition can cause various changes in the environment which will indirectly affect human health in number of ways. Complex interacting systems in the earth are making it possible for us to live in the earth. Human physiology is adapted to certain habitable conditions in the earth which often requires very highly complex interacting system.

There are ample evidences that the complexity of nature is being disturbed by climate change. According to IPCC global climate change will affect human health in many ways. Overall, negative effects are expected to outweigh positive impacts with increased heat-related mortality and morbidity; greater frequency of infectious disease epidemics following floods and storms; and substantial health effects following population displacement from sea level rise and increased storm activity.

Changes in infectious disease transmission patterns are a likely major consequence of climate change. The distribution and abundance of vector organisms and intermediate hosts are affected by various physical (temperature, precipitation, humidity, surface water and wind) and according to many scientists’ changes in biodiversity has altered the balance among predators, competitors, and prey that help keep pests and pathogens in check. Several modelling forecasts have suggested that in ambient temperature would cause, worldwide net increment in the geographical distribution of some vector organisms.

Increased environmental disasters, contamination and emergence of new infectious diseases is putting vulnerable people and communities at risk of more frequent or severe health problems. Basically there are two choices left for the mankind, one is to mitigate and another is to adapt. The world consumption scenario is such that it does not seem that there will be a dramatic reduction in the GHG emissions in anytime near future. It means that as for now we have to adapt with the change and in the meantime re-

“Increased environmental disasters, contamination and emergence of new infectious diseases is putting vulnerable people and communities at risk of more frequent or severe health problems.”

Increased number of extremeweather events like flood, cyclones etc., causing injuries and mortality and in a long run undermining the health infrastructures, putting further stress on human health. While events like heat waves, winter cold, draughts, and increased production of certain air pollutants and aeroallergens (spores and moulds) can directly affect human health. Climate extremes will induce disasters which will cause direct loss of lives and properties and it will also affect agriculture, water availability and water resources.

“The change in the environmental condition can cause various changes in the environment which will indirectly affect human health in number of ways.”
Upcoming Event in Public Health

3rd international Public Health Nursing Conference
25-27 August 2013
Theme is ‘making the Difference: The Public Health Nursing Contribution to Primary Health Care’
For more information conference website

21st IUHPE World Conference on Health Promotion
For more information, click here.

27th International Population Conference
Busan, Korea, from 26 Aug to 31 Aug, 2013.
For more information, click here.

Congreso Iberoamericano epidemiologíay saúd publica
Granada, Spain, on September 4-6 2013.
For more information, click here.

9th PHASA conference of the AFPHA
Cape Town, 24 -27 September 2013.
For more information, click here.

Third Global Forum on HRH
Recife, Brazil, From 10 to 13 November 2013
For more information, click here.

6th European Health Conference
Theme: "Health in Europe: are we there yet? Learning from the past, building the future"
For more information, click here.

4th Asia Pacific Conference on Public Health
Theme is "Climate change and Population Health"
For more information click here Conference 2015.

Global Health: Interconnected Challenges, Integrated Solutions
15 -17 April 2014
International Conference Centre, Switzerland
To submit an abstract for the 2014 edition, please click here.

14th World Congress on Public Health
Theme “Healthy People - Healthy Environment”.
Kolkata, India, 11-15 February, 2015
(Source: WFPHA)

“Still there is huge data gap on the possible effect of climate and epidemiology especially in developing countries.”

In the mean time there is continuous development in the science and technology enabling us to confront the effects of climate change adapt to them. Financial incentives and adequate economic benefits of the clean energy and hybrid technologies have been better understood. This development is leading to a more energy efficient society with less emissions. Reduced GHGs will reduce the effect of global warming and consequent climate change.

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Short of NEPHA Participation
National Planning Workshop of Leprosy

The national planning workshop on leprosy was held in Kathmandu from 25th to 27th August, brought together all stakeholders, government, international agencies, I/NGOs, WHO health care professional to review existing situation of Leprosy and develop future road map with detail planning.

Leprosy Control Division and WHO jointly organized where health secretary was chief guest of the national workshop. Division director, Mr. Chudamani Bhandari was presented the current situation of disease, control mechanism and course of action of Leprosy in nationwide. Mr. Binod Regmi, Central treasurer of NEPHA was participated in that workshop representing NEPHA.
Need to Restructure
(Management of Public Health System as prevalence)

Graphic trend _Source WHO

Comparison of leading causes of death over the past decade, 2000 and 2011

Top 10 causes of death in low-income countries 2011

Top 10 causes of death in high income countries

Information on Executive Committee

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Vice Chairman: Mr. Rajan Adhikari
General Secretary: Mr. Salau Din Myia
Secretary: Mr. Binod Regmi
Member: Mr. Badri Poudel
Member: Mr. Ganga Raj Aryal
Member: Mrs. Basundhara Sharma
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Public Health Newsletter; Keep in Touch...........(Officially Bi-Monthly Published by NEPHA)—July-August Issue 2013