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Public Health Important Day (April)

7th April: World Health Day
Theme:
"Combat Antimicrobial Resistance: No action today, No cure tomorrow"

25th April: World Malaria Day
Theme:
"Achieving Progress and Impact"

many days and the situation is serious, please visit the hospital." She had heard about the news of death caused by Anti-Filariasis medicines. She was in mental distress.

Drugs that were distributed in this situation to effectively prevent Filariasis have now made a situation dangerous. This situation has spread chaos across the country. People are now frightened to take those medicines. Those who have already taken them are also in fear to lose their lives. They have developed the belief, that those medicines kill

Editorial: A daring situation

In March 31st 2011, I was watching TV in my room. There were not any special shows that I could watch on it. Thus, I was constantly changing channels. All of a sudden, breaking news flashed on the Himalayan TV screen. I did not believe at first sight. So, I changed for other national channels to be sure of it. Every national channel carried the breaking the same news-scrolling bar announcement:

"Drug against Filariasis killed two people in Nepalgunj"

I was shocked to hear that on the news! I, therefore, waited steadily for the full report of it to come. But due to the 14 hour power cut schedule it did not happen. On the next day, I opened the Epidemiology and

people. If this concept persists throughout the country, no one will be taking those drugs from now on. WHO and the Government of Nepal's ability to meet its target to eliminate Filariasis by 2020 would be thus doubtful.

The government has now taken action. It has developed a new strategy. As per the new strategy, free elephantiasis drugs will be administered under the direct supervisions of health professionals from specified health booths. This action is a considered approach but not sufficient.

Moreover, it should develop faith, and ensure the community on the Mass Drug Administration (MDA) that errors on the part of volunteers caused

Disease Control Division (EDCD) website but it was not updated with information on this drug issue. Then, I surfed the eKantipur.com (the most trusted news portal of the nation).

"Nine persons have died and more than 700 taken ill after consuming elephantiasis drugs in the nation."

As a drive against Filariasis, the government health facilities in the district had distributed two types of drugs- Diethylcarbamazine and Albendazole on March 26 and 27 and they began showing adverse effects in some patients beginning March 30. According to a Ministry of Health (MOH), the Department of Health Services had deployed a team to Banke; the area with the highest num-

ber of affected cases, to investigate the cause of deaths and mass number of serious illnesses supposedly due to the filariasis drugs. Later, the team reported that erroneous administration by volunteers, led to the illness.

ber of affected cases, to investigate the cause of deaths and mass number of serious illnesses supposedly due to the filariasis drugs. Later, the team reported that erroneous administration by volunteers, led to the illness.

At the first instant, it might not seem so alarming but in a long run, it causes various serious impacts. On April 02, early morning, a woman visited my clinic. She reported that she had severe headache, vomiting, dizziness, nausea, high fever after taking the anti-Filariasis drugs. I told her that "people with Filariasis nematodes develop these problems, and you are among them. You do not have to worry. These are the common side effects and disappear after some days. However, if they persist for

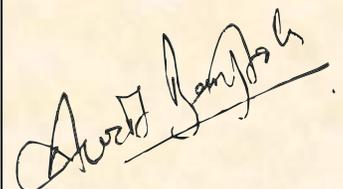
the deaths and illness and not the drugs themselves. As Dr. K.K. Kafle, 2007 study showed that summer is the wrong time to administer the drugs; government should manage them in winter.

"Government should develop faith, and ensure the community on the Mass Drug Administration (MDA) that errors on the part of volunteers caused the deaths and illness and not the drugs themselves."

Individuals should also develop a positive perspective because the two drugs have been pre-

scribed and used for years. The MOH should aware people that these drugs have been proven very effective in eliminating it in China, Japan, and Taiwan. There taking these drugs is necessary if one has to eliminate the disease from his/her body.

Our goal is clear, Filariasis free country by 2020.



Amrit Banstola

How to join PHP?



email:
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website:
www.bmhall.yolasite.com/publications.php

Woman dies of labour pain

BAJURA, MARCH 20 -

An expectant woman, who had been battling for life at a health post in Bajura district for the past week, died on Saturday morning for want of treatment. Paramedics involved in Nandu Devi Dadal's treatment at the Kolti-based primary health post had warned four days ago that she could die if she was not treated in a hospital having an operation theatre at the earliest as she was living with a dead fetus.

The 40-year-old from the remote Gotri village was admitted to the health post for a delivery case. Following the advice, Bhaire Dadal, Nandu's husband, had bought an air ticket to Nepalgunj. However, his attempt to save his wife's life failed after flights from Kolti airport were obstructed by local people who were protesting an increase in airfare.

Bhaire and civil society representatives had requested the Chief District Officer, lawmakers in the district

and political leaders to do the needful to help Nandu, to no avail.

Source: eKantipur.com

World tuberculosis day – Meeting target an uphill task

KATHMANDU, MARCH 24 -

Nepal marks the World TB Day on Thursday amid various programmes. Speaking at the programme, Dr Sarad Chandra Varma, deputy director of National TB Centre said "We have met the 2005 global target set by the WHO—detecting 70 percent cases and curing 85 percent patients. Now, we have the challenge of meeting another target of minimizing the number of TB patients before eliminating the disease by 2050."

The government has worked closely with partners in combating the disease for the last several decades. It was not until 1996 that things started to work well. Nepal, then, became one of the first countries in Asia to introduce the Directly Observed Treatment Strategy (DOTS). DOTS is available in 4,220 health institutions across the country. As a result, Nepal was able to reduce mortality rate from 20,000 in 1990 to 5,000 to 7,000 in 2011. Nepal was able to detect 76 percent of the cases and cure over 90 percent of detected patients. In the fiscal year 2009/2010 alone, 34,407 TB patients were recorded in various treatment centers and 90 percent of them were successfully cured, achieving higher than WHO standard.

National News

Experts, however, are concerned about the newer challenge of patients not coming to centers despite the free treatment available there. As HIV-TV co-infection, an estimated 45,000 people contract TB each year. TB patients of Multiple Drug Resistant and Extensively Drug Resistant types cannot go in isolation wards because there are none.

Source: eKantipur.com

Government to change national drive strategy

KATHMANDU, APRIL 05 -

In the wake of deaths and controversy surrounding the administration of anti-elephantiasis drugs, the Ministry of Health and Population (MoHP) has opted for change its national campaign strategy. The decision comes as an admission of lapses and negligence in the campaign. MoHP has admitted negligence from the volunteers in distributing elephantiasis drugs, which caused at least nine deaths, while over 700 people fell ill across the country. MoHP decision was triggered by several recommendations made by the expert teams after the field visit. Two teams each from MoHP and World Health Organization (WHO) were deployed in Banke, Bardiya, Saptari and Dang districts.

"We held intensive discussions among the stakeholders on the findings prepared by MoHP team and submitted to us and decided to change the strategy," said Dr Yashobarden Pradhan, director general of the Department of Health Sciences. According to him, as per the new strategy, free elephantiasis

drugs will be administered under the direct supervisions of health professionals from specified health booths. The report submitted to Dr Pradhan said, 'recklessness' on the part of untrained volunteers and careless while following the procedures caused the deaths and illness and not the drugs themselves, as reported in the media.

The government had administered two drugs- Diethylcarbamazine (DEC) and Albendazole to 14.5 million people aged above 2 years in 36 districts on March 26 and 27. Until Saturday, Banke, Bardiya, Saptari, Dang and Okhaldhunga districts reported high rates of deaths and illness.

According to the findings, the volunteers were unaware of the precautions and directions to be followed while administering the drugs.

Source: eKantipur.com

Send Letters to the editor

All readers can post comments on articles and news mentioned in PHP or could be suggestions and compliments.

Send letters to:
newsletter.php@gmail.com

Word limit 150 max. and the title of news or articles of critique

Email should include letters to the editor in subject line in the email.

National Public Health Week

Safety is No Accident: Live Injury-Free April 4-10, 2011

Since 1995, communities across the United States have celebrated National Public Health Week (NPHW) during the first full week of April to highlight issues that are important to improving the public's health. Each year, they select a different issue on which to focus their efforts, and this year's theme is **"Safety is No Accident: Live Injury-free."** The American Public Health Association (APHA) serves as the organizer of NPHW and develops a national campaign to educate the public, policymakers and practitioners about the contributions of public health and issues related to each year's theme. Injuries, unexpected events, and violence affect people at home, at work, in their communities, on the move and even at play. You and your family can protect yourselves in many ways, no matter where you are. Here are just a few examples:

AT Home

1. Assess your home for potential hazards such as poor lighting and uneven surfaces to prevent falls
2. Install and maintain smoke and carbon monoxide detectors in your home
3. Establish a plan for how you would evacuate from your home in the event of an emergency
4. Have your hot water heater checked and adjusted periodically to avoid burns

AT Work

1. Wear protective equipment and reflective gear to reduce employee exposure to hazards
2. Train machine operators on simulators to avoid bodily injury
3. Ensure views are not obstructed when operating heavy machinery
4. Conduct personal safety training programs that teach employees how to recognize, avoid or diffuse potentially violent work-place situations

AT Play

1. Have a physical before starting a new sport, and be sure to warm up and stretch before you begin
2. Drink plenty of water to avoid becoming dehydrated
3. Wear a helmet and other properly fitted protective gear to avoid injuries
4. Work with local community leaders to build and support safe playgrounds

On The move

1. Wear a seatbelt in the car, install and use child safety seats correctly
2. Wear a helmet when on a bike, skateboard, scooter or other motor vehicles to avoid head injuries
3. Avoid texting, eating, using the phone, or grooming while driving

In your Community

1. Use sidewalks and avoid jaywalking; be mindful of the environment and be cautious when crossing the road, even at familiar intersections in your own neighborhood
2. Walk facing traffic and make yourself visible at night
3. Call the police or local child protective services if you suspect that a child has been abused or neglected
4. Work with local authorities to initiate violence intervention and prevention programs

>> Source: www.nphw.org

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PHP Special

Acquired Resistance to Antimicrobial Drugs

- By G.M. Khan

Over time, an organism that had once been highly responsive to an antibiotic may become less susceptible, or it may lose sensitivity to the drugs entirely. In some cases, resistance to several drugs develops. Acquired resistance is of great concern in that it can render currently effective drugs useless, thereby creating a clinical crisis and a constant need for new antimicrobial agents. Organisms for which drug resistance is now a serious clinical problem include *Staphylococcus aureus*, *Enterococcus*, and *Mycobacterium tuberculosis* particularly in Nepal.



As you read this section, please keep in mind that it is the microbe that becomes drug resistant-not the patient.

Mechanisms of Microbial Drug Resistance

Microorganisms become drug resistant because of alterations in their function or structure. There can be different alterations. Microbes may elaborate drug-metabolizing enzymes (the case of penicillin G), may cease active uptake of certain drugs (some cases of resistance to tetracyclines), and may synthesize compounds that antagonize drug actions (the case of sulfonamides). In some cases, such as resistant to streptomycin, microbial drug receptors may undergo change, resulting in decreased antibiotic binding and action.

Mechanisms by Which Resistance Is Acquired

The above discussed alterations in structure and function are brought about by changes in the microbial genome. These genetic changes may result from spontaneous mutation or conjugation.

Spontaneous mutation results in random changes in a microbe's DNA. As a rule, spontaneous mutations confer resistance to only one drug. Development of multiple drug resistance would require multiple mutations, a phenomenon that is rare.

Conjugation is a process by which extra-chromosomal DNA is transferred from one bacterium to another. In order to transfer resistance by conjugation, the

donor organism must possess two unique DNA segments, one that codes for the mechanisms of drug resistance and one that codes for the "sexual" apparatus required for DNA transfer. Together, these two DNA segments constitute an R factor (resistance factor). Since R factors are becoming common in normal flora, the possibility of transferring resistance from normal flora to pathogens is of real clinical concern. In contrast to spontaneous mutation, conjugation frequently results in multiple drug resistance.

Relationships between Antibiotic Use and the Emergence of Drug-Resistant Microbes

Use of antibiotics promotes the emergence of drug-resistant microbes. However, these agents are not mutagenic and do not directly cause the genetic changes that underlie reduced drug sensitivity. Spontaneous mutation and conjugation are random events whose incidence is independent of drug use. Spontaneous mutations simply make conditions favorable for overgrowth of those microbes that possess mechanisms of drug resistance. The more the antibiotic is used, the faster drug-resistant organism will emerge. These drugs also promote overgrowth of normal flora that possesses mechanisms for resistance which can transfer resistance to pathogens.

"antimicrobial agents should be used only when actually needed."

How Do Antibiotics Promote Resistance?

To answer this question, we need to recall two aspects of microbial ecology: (1) microbes secrete compounds that are toxic to other microbes, and (2) microbes within a given ecologic niche (e.g., large intestine, urogenital tract, skin) compete with one another for available nutrients. Under drug-free conditions, the various microbes in a given location keep one another in check. Furthermore, if none of these organisms is drug resistant, introduction of antibiotics will be equally detrimental to all members of the population, and therefore will not promote the growth of any individual.

However, if a drug-resistance organism is present, antibiotics will create selection pressure favoring the growth of that microbe: by killing off the sensitive organisms and eliminating toxins produced by those microbes. This will help remove competition for available nutrients, thereby making conditions even more favorable for the resistance.

Which Antibiotics Promote Resistance?

All antimicrobial drugs promote the emergence of drug-resistant organisms. However, emergence of resistance is facilitated most by the broad-spectrum drugs.

Its effects on public health

Suprainfections! They are defined as a new infection that appears during the course of treatment for a primary infection. A new infection can develop because antibiotic use can eliminate the inhibitory influence of normal flora, thereby allowing a second infectious agent to flourish. They can be difficult to treat, since they are, by definition, caused by microbes that are drug resistant.

Delaying the Emergence of Resistance

Several measures can help delay the emergence of resistance. First, antimicrobial agents should be used only when actually needed. (It is estimated that, in some settings, as much as 95% of antibiotic use is unnecessary.) Second, narrow-spectrum agents should be employed whenever possible: routine use of broad-spectrum drugs to compensate for diagnostic imprecision should be discouraged. Third, newer antibiotics should be reserved for situations in which older drugs are dangerous or no longer effective. Widespread use of the newer drugs will only hasten their obsolescence.

Barriers for the prevention of ARAD

These antimicrobial medications are dispensed without prescription. These agents are widely available over the counter, and are in fact readily given out by drug sellers without consumer solicitation or clinical indication.

Role of Pharmacist to control AMR

Since hospitals are sites of intensive antibiotic use, resident organisms can be extremely drug resistant. Being a Pharmacist I would like it to suggest that in tertiary hospital level there should be a medicine and therapeutic committee, hospital pharmacy and pharmacist, and standard treatment guidelines. Moreover, there should be the provision of restricting use of newer and reserve antimicrobials, restricting medical representative in the hospital together with microbiological support, and training, improving the curriculum in all the health level, and awakening consumers.

>> *The author is an Associate Professor and Coordinator of Department of Pharmacy, School of Health and Allied Sciences, Pokhara University*

Global Health

The Democratic Republic of the Congo introduces life-saving vaccine

4 April 2011

In an effort to drastically improve the chances of children reaching their fifth birthday, the Democratic Republic of the Congo today stepped up its immunization programme by including vaccines to combat pneumonia with the usual regime of child vaccinations. . Initially, the vaccine will be introduced in two of the 11 provinces. The country's First Lady Olive Lembe Kabila and Minister of Health Victor Makwenge Kaput are joining parents and health workers in Kinshasa to witness the first child being immunized as part of the official introduction of pneumococcal vaccine into the national immunization programme.

According to the WHO, Pneumonia is the most common form of serious pneumococcal disease and accounts for 18% of



Photo Credit: UN photo / Evan Schneider

child deaths in developing countries, making it one of the leading causes of death among young children. "The introduction of the pneumococcal vaccine and the systematic immunization could save the life of many children dying from acute respiratory infectious diseases in this country," said Dr Léodégal Bazira, acting WHO Representative in the Democratic Republic of the Congo.

Source: WHO

Japan Earthquake, Tsunami and Nuclear Crisis and their health impacts

6 April 2011

The earthquake off the coast of Japan on March 11, 2011 was one of the biggest recorded, measuring 9 on the Richter scale.

It was the resulting tsunami, however, that caused the most destruction. It devastated the northeast of Japan, leaving many thousands dead or missing, and hundreds of thousands homeless or evacuated from the area.

As reports suggested the toll had risen to at least 1,700 deaths, an unconfirmed report on Japan's Fuji TV claimed that as many as 10,000 people were missing in the town of Minamisanriku in Miyagi prefecture.

In addition, various power generators failed. Some older nuclear power stations risked meltdown and suffered explosions and radioactive leaks. Workers have battled for weeks to try and to bring the situation under control. Radioactive material has been detected in various places.

There were also reports that the hourly



Photo Credit: U.S. Marine Corps / Lance Cpl. Ethan Johnson

radiation levels at the damaged Japanese nuclear plant match the allowable annual dose, increasing the risk of developing cancer for anyone exposed to the leak.

Source: globalissues.org

The Biggest Global Health Threat of the 21st Century

8 April 2011

Recently a commission run by The Lancet named what they called the biggest global health threat of the 21st century. HIV/AIDS? Nope. Heart disease? Not at all. Cancer? Keep trying. To get your head around the biggest health threat of all, you might have to change how you think about health entirely. That's because the biggest threat of all, in the view of this prestigious medical journal, was climate change.

In the last few years, leading medical professionals have begun to speak out about the extraordinary threats climate change poses to human well-being. The American Academy of Pediatrics stated in Pediatrics Nov. 2007, its professional journal that "children are likely to suffer disproportionately from both direct and indirect adverse



Photo Credit: globalsolutions.org

health effects of climate change." The American Nurses Association described the challenges of global climate change as "unprecedented in human history" and called for nurses to "speak out and advocate for change." Cecil Wilson, MD, the president of the American Medical Association, stated at a congressional briefing that climate change could cause "devastating events with serious human health implications."

Source: TheHuffingtonPost.com

BENEFITS OF BEING A PHP SUBSCRIBER

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Enhances professional writing skills

GREAT SAYING

“To insure good health: eat lightly, breathe deeply, live moderately, cultivate cheerfulness, and maintain an interest in life.”

Journal Watch

Prevalence of Pulmonary Tuberculosis among HIV Infected Drug Users in Pokhara, Kaski, Nepal

Prevalence of pulmonary TB in HIV infected drug users is evident in Nepal, according to the study published in the 2010 issue of SAARC Journal of Tuberculosis, Lung Diseases & HIV/AIDS.

The research was carried out in the Western Regional TB Centre (RTC) between December 2006 and December 2007. Altogether 62 HIV infected (both symptomatic and asymptomatic) drug users were selected by random sampling method using the patients’ lists available in: Friends of Hope (FOH), Ranipauwa; Community Support Group (CSG), Damside; Nauloghunti,

New Road and Paluwa Sri-jana Chowk. The interviewer went to these centers to conduct interview and collect the sputum specimens of HIV positive subjects.

Among 62 HIV infected drug users, 91.9% acquired HIV infection through IDUs, 3 were co-infected with TB of which all were culture positive and only one was both culture and sputum smear positive. Cough was the major clinical symptoms (54.8%) followed by weight loss (40.3%) in all participants. The results of this study show that prevalence of PTB is 4.8% in HIV infected drug users in Pokhara, Nepal.

The study suggests that there is a need of joint TB/HIV coordination programme for the early diagnosis and treatment of tuberculosis in the high risk group like HIV infected drug users.

Full text article at: [SAARC J. Tuber. Lung Dis. HIV/AIDS 2010 VII\(2\) 19-25](#)

Authors: Verma SC, Dhungana GP, Joshi HS, Kunwar HB, Jha RK, Pokhrel AK ◆

Understanding effects of armed conflict on health outcomes: the case of Nepal

In spite of the violent conflict, Nepal made progress in 16 out of 19 health indicators during the decade long armed conflict (1996-2006), a December 2010 Conflict and Health study found. However, the indicators of neonatal mortality rate and delivery attendance by skilled personnel have remained stagnant according to study.

A secondary analysis has been conducted of two demographic health surveys-Nepal Family Health Survey (NFHS) 1996 and Nepal Demographic and Health Survey (NDHS) 2006; the latter was supplemented by a study carried out by the Nepal Health Research Council in 2006.

The data suggest that there has been progress in the reduction of stunting and underweight among children under three years, infant and child mortality rates, maternal deaths, total fertility rate, unmet need for family planning, among others.

Between 1996 and 2006, the coverage of childhood vaccines, contraceptive use, ANC visits, and TT uptake, life expectancy, and others increased over the years. The proportion of population with access to drinking water increased by 49% despite the conflict while increase in access to sanitation stood at 22%.

Despite the progress in most health outcomes the pace of reduction of the neonatal mortality rate of 17% over the past decade and delivery attendance by skilled personnel needs to be increased in order to achieve the MDG target in 2015.

The comparative data on 19 MDG-related indicators show that 16 out of 19 indicators had improved to such a level that MDG would be likely to be achieved by 2015. While two indicators-reductions in neonatal mortality and improvement in skilled attendance at

birth had increased at a slower pace, hence the related MDGs are unlikely to be achieved.

The study had outlined nine possible factors that help explain this phenomenon of seemingly improved health outcomes in a time of war. Full text article at: [Conflict and Health 2010 4:20.doi:10.1186/1752-1505-4-20](#)

Authors: Bhimsen Devkota, Edwin R van Teijlingen ◆

GREAT SAYING

“A man’s health can be judged by which he takes two at a time – pills or stairs.”

“Good health and good sense are two of life’s greatest blessings.”

WHO Publications

Social Determinants Approaches to Public Health: from Concept to Practice

The thirteen case studies contained in this publication were commissioned by the research node of the Knowledge Network on Priority Public Health Conditions (PPHC-KN), a WHO-based interdepartmental working group associated with the WHO Commission on Social Determinants of Health. Download is available at:

<http://bit.ly/fl6SBI>

Bulletin of WHO Vol. 89, No. 04, 2011

The Bulletin of the World Health Organization is an international journal of public health with a special focus on developing countries. Since it was first published in 1948, the Bulletin has become one of the world's leading public health journals. As the flagship periodical of the World Health Organization (WHO), the Bulletin draws on WHO experts as editorial advisers, reviewers and authors as well as on external collaborators. Full bulletin is available at:

<http://www.who.int/bulletin/volumes/89/4/en/>

Cross-border Health Care in the European Union: Mapping and analyzing practices and policies

According to the WHO regional office for Europe, cross-border health care is a growing phenomenon in the European Union. When in need of medical treatment, patients increasingly act as informed consumers who claim the right to choose their own providers, including those beyond borders. They are supported and encouraged by factors such as the Internet and more internationally trained health professionals, and often motivated by dissatisfaction with health care provision in their home country. Download is available at:

<http://bit.ly/eeMb8L>

International Travel and Health 2011: Situation as on 1 January

This book explains how travelers can stay healthy and provides WHO guidance on vaccinations, malaria chemoprophylaxis and treatment, personal protection against insects and other disease vectors, and safety in different environmental settings. It covers all the principal risks to travelers' health, both during their journeys and at their destinations...

For more information about this book visit:

<http://bit.ly/fBk9ey>

APPLY FOR CAMPUS LIASION

Participation on the PHP team is an opportunity to get involved in PHP activities, develop and demonstrate leadership skills, as well as work with some terrific colleagues. The campus Liaisons will have opportunities to shape the activities and strategic directions of PHP. In addition, Liaisons serve as their college representative to the PHP by helping to: reporting news from their college in general and the program of study in specific.

Serving as a campus liaison does not require a large time commitment. Campus liaisons distribute information, for example, by speaking at new student orientations and to your student society or association about PHP. PHP will provide necessary materials needed for this position. This position will also provide students with a unique opportunity to become more cognizant of health news around the nation.

Being a campus liaison for PHP is a great way to demonstrate the team work ability with the professional development as campus liaisons names and their colleges are mentioned in every issues of PHP.

If you are interested in participating as a Campus Liaison and have any questions about the Liaison position, please contact us.

Email: newsletter.php@gmail.com

Being Healthy

Stop Malaria Spread: Get Protected !

Malaria – a mosquito-borne infectious disease is caused by Plasmodium species and is transmitted by the bite of infected female Anopheline mosquitoes. People with malaria are characterized by periodic chills, rigors, and high fevers followed by profuse sweating, which occur at regular intervals of 48 to 72 hours.

For various reasons, malaria has been difficult to combat. With the aid of mosquito vectors, a single infected mosquito can transmit to hundreds of human individuals within months. Multiple distinct life-cycle stages and its genetic

complexity are the other reasons. Plasmodium species are also becoming drug resistant. If not treated, malaria can quickly become life threatening by disrupting the blood supply to vital organs. It is a killer disease that can particularly



affect the lives of the most vulnerable groups— young children and pregnant women and threatens the well-being of mil-

“every 30 seconds, a child dies of malaria” This situation calls for mass concerted efforts on prevention, early identification and treatment of all and especially the most vulnerable populations.

You can prevent it by adopting several preventive methods. Avoiding the mosquito bite is the most effective way. For this, use a bed net while sleeping. Insecticide treated bed nets (ITBNs) will be the best option. They are estimated to be twice as efficient as untreated nets, and offer more than 70% protection compared with no net. Insect repellents can also be used on your skin and clothes. This helps reduce your risk of being bitten by mosquitoes and infected with malaria.

lions. According to the Johns Hopkins Malaria Research Institute’s latest data,

Drugs like mefloquine, doxycycline and the combination of atovaquone and

proguanil hydrochloride can be used preventively. The choice of drug depends on which drugs the parasites in the area are resistant to, as well as side effects and other considerations. Expanding on early detection and treatment can also stop the disease from becoming a killer.

Health education – environmental control activities should be directed to cover over areas of stagnant and still water by oil, which are ideal breeding grounds for the parasite and mosquito, thus cutting down the risk of the transmission between people. Others methods include limiting outdoor activity between dusk and dawn, staying in screened rooms, wearing protective clothing (long pants and long-sleeved shirts), and using aerosol insecticides in your house.

Pregnancy and malaria

Pregnant women should refrain from traveling to malarious regions, because malaria increases the risk of maternal death, abortion, premature birth, stillbirth, and low birth weight with associated risk of neonatal death and maternal anemia.

For those who live in malarious regions, sleeping under ITBNs remains an important strategy for protecting them and their newborns -carrying addition, in areas of high and moderate transmission of *Plasmodium falciparum* malaria, intermittent treatment during pregnancy with an antimalarial drug is a cost-effective means of preventing malaria. The current WHO recommendation is to give at least two doses of a safe and effective antimalarial (currently, sulphadoxine-pyrimethamine) to all pregnant women living in malarious areas.



Photo Credit: WHO

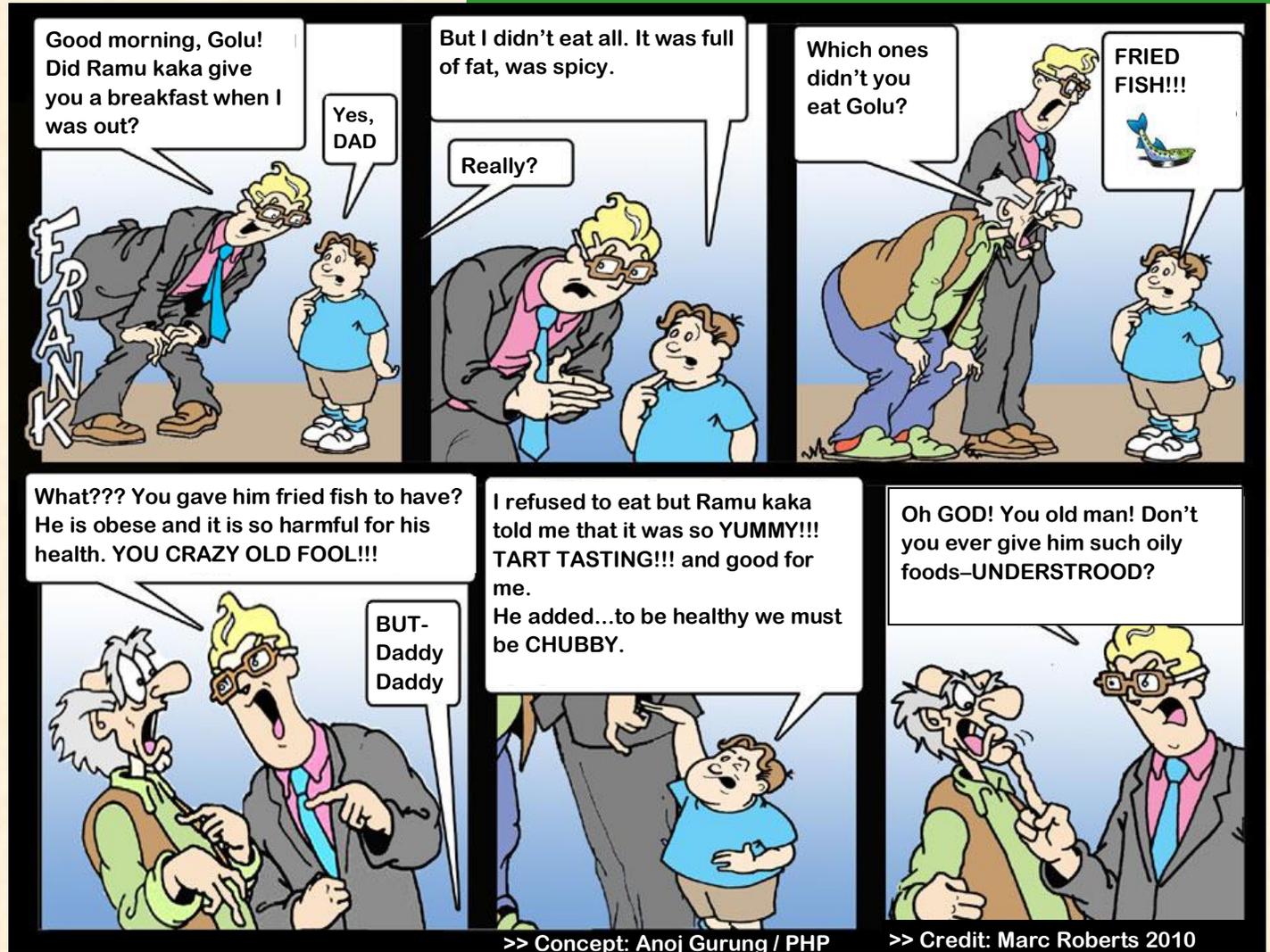
live in the malarious regions, sleep-ITBNs remain important for protecting and their from malaria mosquitoes. In areas of high and moderate transmission of *Plasmodium falciparum* malaria, intermittent treatment during pregnancy with an antimalarial drug is a cost-effective means of preventing malaria. The current WHO recommendation is to give at least two doses of a safe and effective antimalarial (currently, sulphadoxine-pyrimethamine) to all pregnant women living in malarious areas.

In areas of low malaria transmission, use of ITBNs and prompt case management of pregnant women with fever and malarial illness are the main strategies for malaria prevention and treatment.



Public Health Perspective Online Newsletter

Cartoon Strips with Health Message



HAPPY NEW YEAR 2068

We would like to wish a happy New Year to all our subscribers, advisors, campus liaisons, wishers. We hope for well prosperity and good health Year. We also hope this New new resolutions, new de- and new commitments making our health better than ever.



friends and well being, success, through the New Year would bring sires, new energy



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Welcome to New Subscribers

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