AS DENGUE CASES RISE, DEMAND FOR PLATELETS AND OTHER BLOOD PRODUCTS GOES UP IN THE CAPITAL

With dengue cases on the rise the demand for platelet and other blood products including fresh frozen plasma and packed cells has gone up in the capital. The state health department has identified one government hospital in each district where it is upgrading the blood bank facilities. According to the health minister there is a plan to have a blood bank in each district to cater to the increase in demand for blood products.

GOVERNMENT TO INCLUDE AGE, WEIGHT IN ANNUAL HEALTH SURVEY

Stepping up the urgency to check malnutrition, the Women and Child Development ministry has asked the Census Commissioner to include ‘age, weight’ as a parameter in the annual health survey that is expected to begin in a few months. The move is significant because the government expects accurate data on the weight of a child and thus the nutritional status from the most vulnerable districts annually. The survey will be conducted by the Registrar General of India, Census Commissioner and the Health Ministry.

INDIA TO SPEND $32 BILLION ON DIABETES CARE IN 2010: STUDY

The study, “The Socio-economics of diabetes from a Developing Country: A Population based Cost of Illness Study”, conducted by the MV Hospital for Diabetes and Diabetes Research Center in Chennai and published in the Diabetes Research and Clinical Practice- the official journal of the Internal Diabetes Federation (IDF) has found the financial burden of diabetes on the common man in India. According to the study, 60% of the cost of management and treatment of diabetes is borne by the patient from their personal savings. The annual direct cost that a diabetic patient incurs on the treatment and management of the disease is Rs. 25,931 with the indirect cost amounting to Rs. 5000. Extrapolating this figure, it has been obtained that India would be spending around $31.9 billion on Diabetes in 2010.
PSU INSURANCE COMPANIES TO FLOAT OWN TPA

To bring down the high claim ratio due to alleged “fraudulent practices”, public sector health insurance companies have decided to overhaul the existing system by floating their own third party administrators (TPA) to manage claims. The decision comes after public sector insurance companies refused for over a month to provide cashless cover benefits for treatment in hospitals not under the preferred provider network. A new entity to be incorporated as a TPA in accordance with the Insurance Regulatory Authority’s regulations is likely to begin operations by June 30, 2011.

DOCTORS LIABLE FOR MEDICAL NEGLIGENCE, MANAGEMENT LIABLE FOR ADMINISTRATIVE NEGLIGENCE: DELHI HIGH COURT

If a patient dies or suffers due to medical negligence in a hospital then its management cannot be prosecuted, the Delhi high court has said holding that only doctors should be penalised. The court however said the management of the hospital would be liable in case of administrative negligence and failure to provide basic infrastructure to the patient.

WHO VIRTUALLY ENDORSES STUDY IN LANCET ON THE ISSUE OF ANTIMICROBIAL RESISTANCE (AMR)

Even as the controversy over the origin of the new antibiotic resistance bacteria named after India – New Delhi Metallo-beta lactamase-1 (NDM-1) - continues, the WHO has virtually endorsed the study published in the journal Lancet saying that the article has drawn attention to the issue of antimicrobial resistance (AMR). In particular it has raised the awareness of infections caused by multidrug resistant bacteria. WHO has issued a statement which said that this development will require further study for the most effective measures of control. AMR will be the theme of the WHO’s World Health Day 2011. It has advised countries to be prepared with measures to limit spread of multidrug resistant strains

USAID PARTNERS WITH NASA, NIKE AND STATE DEPARTMENT TO ADDRESS GLOBAL HEALTH CHALLENGES

The U.S. Agency for International Development (USAID), NASA, the U.S. Department of State, and NIKE, Inc. have partnered on a unique initiative – LAUNCH to identify, showcase and support innovative approaches to humanity's sustainability challenges through a series of forums, each focused on a specific sustainability challenge. The LAUNCH forums focus on key sustainability challenges our planet and society face including water, health, energy and air. The sessions are designed to identify challenges and discuss future opportunities for the entrepreneurs' innovations.

WHO DECLARES H1N1 PANDEMIC OVER

The Director-General of the World Health Organization (WHO), has officially declared the end of the influenza (H1N1) pandemic. In the post-pandemic period, localized outbreaks due to the H1N1 virus will continue to occur, but overall activity is expected to be about normal for the season. WHO recommends that people continue to stay alert and protect themselves from influenza infection such as through the use of vaccines, hand and respiratory hygiene and other steps.
EIGHT OF 20 COUNTRIES CHosen to lead “GHI PLUS” CAPACITY-BUILDING PROGRAM

The United States’ Global Health Initiative (GHI) is a six-year, $63 billion initiative focused on preventing illnesses in a unified, sustained manner. It will provide technical and management resources to 20 countries to help them quickly implement innovative health solutions. Of these, the first eight countries — Bangladesh, Ethiopia, Guatemala, Kenya, Malawi, Mali, Nepal and Rwanda — have been chosen. They are now “GHI Plus” nations, meaning the United States will give extra effort and attention to try to build their systems and spread the programs they develop more broadly around the world.

GENETIC SIGNATURE MAY LEAD TO BETTER TB DIAGNOSIS

According to a study published in the journal Nature, British scientists have found a pattern of genes constituting a genetic signature in the blood of patients with active tuberculosis (TB), which shows the extent of the disease in the lungs and disappears after successful treatment. The findings could help develop better diagnostic tests for TB, especially to predict which patients with latent TB would develop active TB. This would enable an earlier diagnosis and treatment, and prevent unnecessary treatment in case of those not at risk.

REVACCINATION COULD BENEFIT HIV-INFECTED CHILDREN

According to a review of 38 published studies by Researchers at the Johns Hopkins Bloomberg School of Public Health, published in the Lancet Infectious Diseases, HIV-infected children receiving highly active antiretroviral therapy (HAART) may require revaccination to maintain immunity against preventable diseases. Starting HAART in infancy, before receipt of routine childhood vaccines might however preserve immunity to vaccine-preventable diseases.

RAPID DIAGNOSTIC TEST FOR MENINGITIS

Researchers at Queen's University Belfast and the Belfast Health and Social Care Trust have developed a rapid diagnostic test for meningococcal bacteria that can produce results within an hour. The speed of this new test is a vital factor in the treatment of young children with meningococcal meningitis and sepsis who become very ill over a short period. The first symptoms of meningococcal infections are the same as a simple viral infection, making it difficult to diagnose in the early stages. Currently doctors await for the traditional test results that take between 24 and 48 hours. Alongside saving lives, early detection can potentially improve outcomes for meningitis patients who are often left with life-altering conditions such as deafness and cerebral palsy. The real advantage of the new test is that it has the potential to be a simple bedside test that is rapid, cheap, and easy to use and doesn't require laboratory trained staff.

DO YOU KNOW?

1. Dr Reddy’s launches new anaemia drug ‘Cresp’
2. Union Cabinet clears societies to run six AIIMS-like institutions
3. Screening OPD to reduce AIIMS workload
4. Female condom project to expand to 17 states
5. Be wary of ordering DNA testing to settle paternity: Supreme Court
6. ‘Five-day-after’ contraceptive pill gets FDA approval

RECENT RESEARCHES

GENETIC SIGNATURE MAY LEAD TO BETTER TB DIAGNOSIS

According to a study published in the journal Nature, British scientists have found a pattern of genes constituting a genetic signature in the blood of patients with active tuberculosis (TB), which shows the extent of the disease in the lungs and disappears after successful treatment. The findings could help develop better diagnostic tests for TB, especially to predict which patients with latent TB would develop active TB. This would enable an earlier diagnosis and treatment, and prevent unnecessary treatment in case of those not at risk.

REVACCINATION COULD BENEFIT HIV-INFECTED CHILDREN

According to a review of 38 published studies by Researchers at the Johns Hopkins Bloomberg School of Public Health, published in the Lancet Infectious Diseases, HIV-infected children receiving highly active antiretroviral therapy (HAART) may require revaccination to maintain immunity against preventable diseases. Starting HAART in infancy, before receipt of routine childhood vaccines might however preserve immunity to vaccine-preventable diseases.

RAPID DIAGNOSTIC TEST FOR MENINGITIS

Researchers at Queen's University Belfast and the Belfast Health and Social Care Trust have developed a rapid diagnostic test for meningococcal bacteria that can produce results within an hour. The speed of this new test is a vital factor in the treatment of young children with meningococcal meningitis and sepsis who become very ill over a short period. The first symptoms of meningococcal infections are the same as a simple viral infection, making it difficult to diagnose in the early stages. Currently doctors await for the traditional test results that take between 24 and 48 hours. Alongside saving lives, early detection can potentially improve outcomes for meningitis patients who are often left with life-altering conditions such as deafness and cerebral palsy. The real advantage of the new test is that it has the potential to be a simple bedside test that is rapid, cheap, and easy to use and doesn't require laboratory trained staff.
From the concerns and emerging HIV/AIDS scenario as well as drawing from the experience of the NACP-I and NACP-II phases, NACO (National AIDS Control Organization) launched NACP-III (2006-2011). NACP-III seeks to promote district-level network of people living with HIV/AIDS. It seeks active role of welfare organizations in providing nutritional support, opportunities for income generation and other welfare activities for HIV positive people.

GOAL AND OBJECTIVES

The overall goal of NACP-III is to halt and reverse the epidemic in India till 2011 by integrating programmes for prevention, care, support and treatment. This will be achieved through a four-pronged strategy:

1. Prevention of new infections in high risk groups and general population through:
   a. Saturation of coverage of high risk groups with targeted interventions (TIs)
   b. Scaled up interventions in the general population
2. Providing greater care, support and treatment to larger number of PLHA (People Living with HIV/AIDS).
3. Strengthening the infrastructure, systems and human resources in prevention, care, support and treatment programmes at the district, state and national level.
4. Strengthening the nationwide Strategic Information Management System.

The specific objective is to reduce new infection as estimated in the first year of the programme by:

- Sixty per cent (60%) in high prevalence states so as to obtain the reversal of the epidemic; and
- Forty per cent (40%) in the vulnerable states so as to stabilize the epidemic.

PRINCIPLES:

- Unifying the credo of Three Ones, i.e., one Agreed Action Framework, one National HIV/AIDS Coordinating Authority and one Agreed National Monitoring and Evaluation System.
- Equity is to be monitored by relevant indicators in both prevention and impact mitigation strategies i.e. percentage of people accessing services disaggregated by age and gender.
- Respect for the rights of people living with HIV/AIDS (PLHA), as it contributes most positively to prevention and control efforts. NACP-III has evolved mechanisms to address human rights and ethics issues concerning HIV/AIDS. Particular focus is on the fundamental rights of PLHA and their active involvement as important partners in prevention, care, support and treatment initiatives.
- Civil society representation and participation in the planning and implementation of NACP-III is essential for promoting social ownership and community involvement.
- Creation of an enabling environment wherein those infected and affected by HIV can lead a life of dignity. This is the cornerstone of all interventions.
- Provide universal access to HIV prevention, care, support and treatment services.
- For making the implementation mechanism more responsive, proactive and dynamic, the HRD strategy of NACO and SACS (State AIDS Control Society) is based on qualification, competence, commitment and continuity.