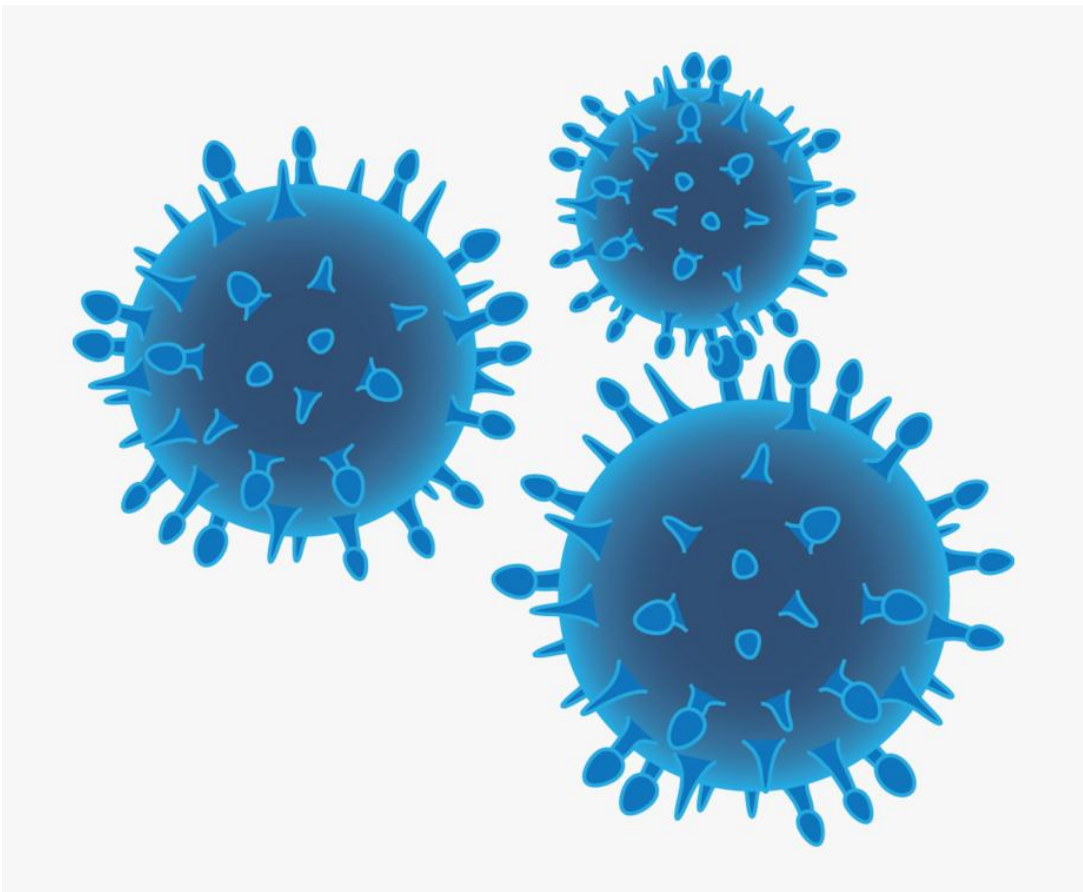


DISEASE



After Korangi and Malir, Chikungunya spreads to Lyari

After Korangi and Malir districts reported over 360 cases of Chikungunya in the last month, the newest cases being reported are from Lyari.

Anwar Ali, 25, developed knee pain first, followed by high-grade fever. After that, he suffered joint pain all over his body – the symptoms commonly shared by people who have Chikungunya viral fever. Ali visited a family clinic in Moosa Lane. “Now, I’m feeling much better and can move but still I feel pain in every joint of my body,” he told The Express Tribune.

Pakistan officially reports Chikungunya outbreak to WHO

Ali requested the government include Lyari among the areas affected by the Chikungunya fever and provide some relief to the residents. Another victim, 26-year-old Shoaib, who lives in Lyari’s Mandhra Muhalla also claimed the virus is spreading fast among the resident of Lyari and a majority of them have not visited government hospitals, which would mean these cases are not counted in government data.

Aziz Mandhro, a social activist from Lyari, was of the view that the government’s refusal to accept that the disease has spread beyond Malir district is inexcusable. “If the government had responded earlier, the spread of the disease could have been restricted,” he said. The government needs to take concrete steps so that Chikungunya can be prevented from spreading further in Lyari, he added.

“I had a high-grade fever when the virus affected me and I was unable to move due to acute joint pain,” said Mandhro. “But now, after almost two weeks, I’m feeling much better with light pain in my joints.”

Chikungunya cases rise to 369

Meanwhile, Lyari’s town health officer Dr Amanullah Abro shared that 14 cases of Chikungunya have been reported so far in Lyari and Kharadar general hospitals. Out of these, 12 cases were reported in the last three to four days. According to him, the virus spread due to the lack of hygiene in Lyari and its outskirts, which needs to be controlled through fumigation.

The blood samples of seven of these 14 cases have been sent to the National Institute of Health in Islamabad for their confirmation, said Karachi health director Dr Waheed Panhwar. The total number of Chikungunya cases reported so far has reached 468, he added.

(The Express Tribune 13, 10/01/2017)

Sindh to put up better fight against polio this year: CM

Orders ensuring 100pc immunisation coverage,
purchasing ice-lined refrigerators for vaccines

Sindh’s chief minister said on Monday that polio had become a major challenge for his government, but “I have accepted this challenge and, Inshallah, would turn Sindh into a polio-free province soon.”



CM Murad Ali Shah presided over a high-profile meeting on the crippling disease at the New Secretariat. Among those who attended the meeting were Health Minister Dr Sikandar Mandhro, MNA Dr Azra Pechuho, Polio Coordinator Shahnaz Wazir Ali, Chief Secretary Rizwan Memon, provincial police chief AD Khowaja, Karachi police chief Mushtaq Maher, Health Secretary Fazal Pechuho, all divisional commissioners, and representatives of WHO and Unicef.

Briefing the chief executive, Expanded Programme on Immunisation (EPI) Project Director Fayaz Jatoti said that during 2016 some 19 polio cases were reported all over Pakistan, of them eight in Sindh, eight in Khyber Pakhtunkhwa, two in FATA, one in Balochistan and none in Punjab. He added that out of eight cases of Sindh, seven were in the rural areas and one in Karachi.

CM Shah was also told that in 2015 there had been 54 polio cases across the country, of which 12 were in Sindh, 17 in KP, 16 in FATA, seven in Balochistan and two in Punjab.

On this the chief executive said that it was painful that Punjab, Balochistan, FATA and KP had improved, but Sindh had shown negligible progress. "This shows that there is some problem which we have to address."

The meeting was informed that for the immunisation campaign launched in September and December last year, the target was to cover 2.2 million children in Karachi and 6.1 million in the rural areas of the province. In the city around 2.6 per cent children were unavailable at the time of immunisation, while parent of 1.7 per cent refused the vaccine.

On this Shah expressed displeasure, saying that it was the responsibility of the district administration to ensure 100 per cent coverage of the immunisation drive. "We all have to take ownership of the anti-polio drive, otherwise Sindh would lag behind, and I would not allow this to happen."

The meeting was also told that the staffs of the health facilities under the Karachi Metropolitan Corporation (KMC) were reluctant to participate in anti-polio and other EPI activities. It was also pointed out that Landhi union council-1 and UC-2, Site UC-9 and Baldia UC-2 were at high risk because of lack of health facilities, while there were non-functional hospitals in Gadap UC-4, including the Janat Gul Hospital.

On this the chief executive directed the CS to talk to the KMC administration and direct its staff to ensure proper participation in the immunisation drive, otherwise action would be taken against them.

It was also disclosed that in Sujawal Hospital there was no district health officer (DHO) and that on Friday the DHOs were posted at Matiari and Jamshoro and some of the DHOs were near retirement. The CM was also told that the DHOs of Ghotki and Kamber had dual charges.

On this Shah directed the health minister to fill the vacant positions of DHOs on priority basis, adding that those who were retiring should be replaced on timely basis and the dual charges should be taken away from the DHOs to post genuine officers.

The chief executive noted that there were only 2,200 ice-lined refrigerators (ILRs), and due to prolonged power outages polio vaccines were becoming ineffective.

He directed the CS to procure solar ILRs. "I cannot wait for donor agencies to send us ILRs, because polio is a serious issue.

Therefore, we should purchase the cooling system."
(The News 13, 10/01/2017)

'Newborns face rising risks of non-communicable diseases in Pakistan'

Stress, unhealthy lifestyle habits and the prevalence of chronic diseases in adults are leaving Pakistan's newborns more vulnerable to the threat of non-communicable diseases (NCDs), said speakers at an event at the Aga Khan University on Saturday.

Experts at the 'International Conference on Stress and Conditioning: Impact on Maternal and Generation Health' noted that economic, social and psychological pressures led to stress and high levels of stress hormones affected the baby in the womb.

These chemicals can trigger genetic changes which stall the development trajectory of the brain and heart of a fetus resulting in lifelong effects on the fetus's learning capability, social functioning and ability to fight disease.

Pakistan has approximately 80 million people who suffer from NCDs or life-style related illnesses such as heart disease, type 2 diabetes, hypertension, obesity, chronic lung and kidney disease and mental illnesses. The number of Pakistanis with these diseases is increasing by about 10 percent a year, and speakers noted that prospective parents with NCDs were also more likely to pass on their illness to the next generation.

“Our healthcare system is geared towards treating those suffering from NCDs now. But there isn't enough attention paid to the inter-generational effects of disease. By focusing on early interventions in the period between conception and birth we can reduce the lifelong risk of neurocognitive, metabolic and cardiac disease and ensure that every child achieves their full potential,” said Dr Nuruddin Mohammad, director of maternal and fetal medicine at the AKU's division of women and child health.

During the conference, speakers shared how innovations in neurosonographic imaging – advanced ultrasounds of a fetus's heart and brain – were enabling the early detection of delays in brain and heart development.

New technology is also helping identify biomarkers – chemical indicators – that can predict developmental delays that may lead to disease in adulthood.

This makes the first 2,000 days of a child's life extremely important and investing in healthcare during this period could result in the greatest returns for society in terms of health and wellbeing.

Speakers noted that in many cases of NCDs, screening and interventions in adults was significantly less effective as irreversible genetic modifications had already taken place.

Dr Rehan Ali, associate professor in paediatrics at the AKU, said: “The link between nourishment and lifelong health has been long established. Insights into the developmental origins of health and disease are clearly showing the importance of environmental factors on maternal and fetal health. This research is making a strong case for conducting healthcare initiatives earlier in life to help achieve targets under Sustainable Development Goal 3.”

The one-day conference was preceded by three workshops which enabled the exchange of skills in areas relating to disease management during pregnancy and the sharing of knowledge on ethical issues in obstetrics.

Other speakers at the conference included Dr Stephen Lye, executive director, Fraser Mustard Institute for Human Development, Canada; Marleen Temmerman, chair of the Department of Obstetrics and Gynaecology at the Aga Khan University's Medical College in Nairobi; and Professor George Chrousos from the Athens University Medical Schools in Greece.
(The News 19, 15/01/2017)

No polio case reported in city in 12 months, says official

The city made history on Monday when it completed a year without reporting a single case of poliovirus, health department officials told Dawn.

“This is the first time in its history that Karachi hasn't reported a single case the whole year. Fortunately, the reports of samples collected from various drains in the city have repeatedly come negative the whole year,” said coordinator for emergency operation centre, Sindh, Fayyaz Jatui, adding that the city was close to eradicating the crippling disease.

According to him, the last polio case in Karachi was reported on Jan 16, 2016.

The city with a high population density, he pointed out, represented a major challenge to health officials and the development was a ‘great success’.

“Once the virus goes into the body, it multiplies into millions and is discharged from the body through human waste. It’s a major achievement given the kind of sewerage system we have,” he said.

The anti-polio campaign which kicked off on Monday, he said, was part of a country-wide drive and in all districts in the province except Kamber-Shahdadkot, where staff faced problems in their movement owing to rains.

“There are a total of 30,000 mobile teams, of them around 12,000 are stationed in Karachi. All the 188 union councils of Karachi would be covered in phases in three to four days,” he said.

On refusal, he said that the internally displaced persons residing in UC-12 of Gulshan-i-Iqbal were reluctant to have their children vaccinated. “The deputy commissioner intervened in the case and talked to them. They have agreed to have their children, around 800 to 900 in number, vaccinated on Tuesday,” he said.

The number of refusals, according to him, has gone down drastically over the years. The reasons behind refusals mainly include misperceptions about the vaccine.

Last year, 19 polio cases were reported in the country; of them eight each were reported in Sindh and Khyber Pakhtunkhwa. There was no case in Punjab while the remaining three cases were reported in Balochistan and the Federally Administered Tribal Areas.

During the present campaign, a total of 8.3 million children in the province (2.2m in Karachi) would be vaccinated.

Meanwhile, Sindh Chief Minister Syed Mural Ali Shah reiterated the commitment of his government to protect children from the crippling disease and said that the government would take every step to achieve zero polio prevalence during the current year.

“Though the number of polio cases has declined, we have to win the war against the disease and gear up efforts,” he said.

(By Faiza Ilyas Dawn 17, 17/01/2017)

Polio virus detected in Landhi’s sewage samples

Hundreds of families from Fata living in Karachi refuse to have children vaccinated

on first day of anti-polio drive in protest against poor living conditions;
allow their children to be vaccinated after officials assure them
their grievances will be addressed



Health authorities said on Monday that polio virus was detected in sewage samples collected in Landhi, Karachi while on the same day when a three-day anti-polio campaign was launched, hundreds of families, mainly internally displaced persons from Fata living in the city, refused to have their children vaccinated in protest against their poor living conditions. However, they allowed their children to be vaccinated after authorities assured them that their problems would be addressed.

“For the last one year, no polio case has been reported in Karachi and environmental samples were also negative during this period,” said an official of the Sindh Emergency Operations Center.

“It’s a major setback that polio virus has been found in sewage samples collected in Landhi,” he added.

‘From Pishin’

The official said the virus found in the sewage sample from Landhi had come from Pishin, a Pashtun-dominated area of Balochistan and presently the hub of the polio virus.

“The virus is being exported to other parts of the country from Pishin,” he maintained.

“Immediate measures are being taken to eliminate the virus from Landhi and its adjoining areas by mass vaccination of children there.”

Refusal cases

On the first day of the year’s first vaccination drive, hundreds of families living in make-shift homes in Sohrab Goth, a part of the UC-12 Gulshan-e-Iqbal, refused to have their children vaccinated until their issues including poor living conditions and lack of clean drinking water and public schools were addressed.

The IDPs from the tribal areas and gypsies living there said the because of the lack of clean drinking water and public schools, their children sick and uneducated.

“What does the government wish to achieve by giving polio vaccine drops to our children when it isn’t providing them with water and schools,” the mother of a child told reporters there.

Polio vaccinators immediately reported the mass refusal to the EOC Sindh and deputy commissioner (East) Asif Jan Siddiqui along with the assistant commissioner and other officials rushed to scene.

The officials assured the residents that their problems would be addressed after the vaccination campaign. They said the public schools in the area would be made functional and water would be provided to them through tankers.

“The IDPs and gypsies allowed the vaccinators to administer polio oral drops to their children after we convinced them that their grievances will be addressed,” deputy commissioner (East) Asif Siddiqui told reporters. But some residents said while the district administration was assuring them that they would be provided with basic facilities, they were also being threatened that cases would be registered against them and their homes would be razed as they were built illegally on public and private properties.

Anti-polio campaign

Health officials said 8.4 million children less than five years of age would be vaccinated during the current National Immunisation Days drive in all districts of Sindh including 2.2 million in all 188 union councils of Karachi.

The national immunisation drive has been launched simultaneously in all the provinces and tribal areas of the country except those districts and areas which are inaccessible because of weather conditions including heavy snowfall.

Around 5,000 police personnel have been deployed to provide security to around 12,000 polio vaccinators in Karachi and a monitoring mechanism has been set up by the Sindh Emergency Operation Centre and its international partners.

Sindh EOC coordinator Fayaz Jatoi said there had been a drastic improvement in the programme in the last few years with polio cases reducing from 306 in 2014 to 20 in 2016.

(By M.Waqar Bhatti The News 13, 17/01/2017)

Is DRAP playing fast and loose with hepatitis C patients?

Smuggled medication sells at exorbitant rates as local production still a pipedream; drug watchdog holds



Centre responsible for delay

Hepatitis C patients across Pakistan are forced to buy expensive medication smuggled from India as health experts accuse the drug watchdog of delaying local production of the life-saving Daclatasvir.

The medication is being sold at medical stores across the country under the trade names Mydacla and Mydakla at Rs9,500 per packet. It is widely prescribed by hepatologists for treating genotype 3 of the hepatitis C virus (HCV), which is highly prevalent in Pakistan and requires a combination of Daclatasvir and Sofosbuvir for complete elimination.

Health experts told The News that Daclatasvir – a production of Bristol-Myers Squibb, a global biopharmaceutical company based in the US – was supposed to be locally manufactured by mid-2016 at an affordable price, but to facilitate some smugglers, the federal health authorities and the Drug Regulatory Authority of Pakistan (DRAP) had forced the patients to buy the smuggled drug on exorbitant rates.

There are around 11 to 12 million hepatitis B and C patients across Pakistan, and majority of the hepatitis C patients are afflicted with genotype 3 of the HCV.

“At least 15 local pharmaceutical firms are all set to manufacture Daclatasvir in Pakistan – as they are already producing it in other countries – and sell it at a much lower price,” said a senior gastroenterologist and hepatologist, but lamented that the drug watchdog was more keen on allowing the sale of smuggled medication.

Since the drug smuggled from India is not regularly available to patients throughout Pakistan – as doctors usually prescribe it to people afflicted with HCV genotypes 3a and 3b – the patients are forced to buy the medication at steep prices from the black market.

Even counterfeit Daclatasvir is available under the same trade names Mydacla and Mydakla, and desperate patients are compelled to buy anything that is sold under the name of Daclatasvir to continue their treatment.

“DRAP is least concerned about the safety of the patients,” claimed the hepatologist. “It is sitting on the applications of local firms that can start producing the important drug at short notice in accordance with international specifications.”

Another renowned gastroenterologist and hepatologist, Dr Saeed Hamid, firmly believes that Daclatasvir should be immediately registered by the drug watchdog “as many local companies can produce it at an affordable price”.

Dr Hamid, former president of the Pakistan Society for the Study of Liver Diseases, said DRAP should allow availability of the medication on “highly affordable” rates because majority of the hepatitis C patients in the country belonged to low socio-economic groups.

He said he had learnt that 14 to 15 local companies had applied to DRAP for manufacturing Daclatasvir in Pakistan but their applications remained pending. He urged the watchdog to expedite the procedure.

Another specialist, Dr Shahid Ahmed, said doctors were forced to prescribe unregistered drugs for hepatitis C patients because their combination with another anti-viral drug was very effective, but he lamented that patients were buying expensive, smuggled medication.

Dr Ahmed, a consultant at Darul Sehat Hospital in Karachi, said patients in other cities of Sindh, Punjab and Balochistan were compelled to buy various variants or copies of the Indian-made Daclatasvir smuggled into Pakistan, but were ineffective because they were counterfeit.

“The best solution is to produce the drug locally and make it available at an affordable price. Around 400 hepatitis patients die every day in Pakistan while hundreds of thousands of others with the viral disease continue to suffer.”

(By M.Waqar Bhatti The News 13, 27/01/2017)

‘400 to 500 new leprosy cases reported annually in Pakistan’

Every year 400 to 500 new cases of leprosy are registered in Pakistan and it is likely that the same situation will continue for two more decades, said experts at a press conference held on Saturday at the Marie Adelaide Leprosy Centre (MALC) on the eve of World Leprosy Day.

They underlined the need to create public awareness to minimise the burden of the disease.

Speaking about the challenges being faced in tackling the disease, Dr Ruth Pfau, the MALC founder, said though efforts for the eradication of leprosy had been successful, it was not the end of the struggle.

“There are many challenges, especially the ones in the form of physical and social rehabilitation, which will continue even after the elimination of the disease,” she said, appealing to the people to shun the stigma attached to the disease.

Dr Pfau commended commitment of her team and said the struggle against the disease could not have been successful without their dedication to the cause.

Sharing some statistics on the disease, Dr Ali Murtaza, director for training at the MALC, said more than 56,780 leprosy patients had registered at the centre since its establishment in 1956.

“Most patients are treated free of cost at the 157 MALC leprosy centres set up across the country. Besides leprosy, the centre is also working to eliminate tuberculosis and blindness in Pakistan,” he said.

Explaining the reasons behind the increase in the number of leprosy patients from 66 in 2013 to 133 last year in Sindh, Dr Murtaza said it was probably because of active surveillance that led to the discovery of such cases.

“A complete elimination of the disease is a challenge, since it’s a chronic one and patients often remain unaware of its presence till it progresses and affects various organs of the body,” he said, adding that the disease’s incubation period which normally ranged from three to five years could be even 40 years in some cases.

Citing some MALC data, Dr Mervyn Lobo said that positive developments were continuing and the leprosy prevalence rates in the country were below the WHO recommended threshold, between 0.27 per 10,000 population in Karachi and 0.04 in Azad Kashmir, and were decreasing further.

According to experts, only Punjab, though a low-prevalence area, was showing an increase in the number of leprosy cases.

Karachi, they said, was a focal point where patients from other parts of the country as well as Afghan refugees came for treatment.

They appealed to doctors, especially dermatologists, to cooperate with the MALC and refer leprosy patients to it.

“Leprosy is completely curable with multidrug therapy if diagnosed early. Untreated leprosy can cause progressive and permanent damage to the skin, peripheral nerves, limbs and eyes,” said Dr Murtaza in reply to a question.

(Dawn 18, 29/01/2017)

Renewed resolve: Sindh to be polio-free by end of year, says Azra Fazal

Azra Fazal Pechuho, the chairperson of Sindh Health Monitoring Cell, vowed on Friday to make Sindh free of polio by the end of 2017.

Chairing a meeting of the divisional task force at the deputy commissioner's office on Friday, she warned health officials, saying that no laxity will be allowed regarding the polio campaign. She added that action will be taken against negligent officials.

Pechuho directed the health officials to prepare a list of the 'zero dose' children – those who will be receiving the anti-polio vaccine for the first time – throughout Sukkur division and give special attention to the high-risk population areas. She said that no child should be missed any more in the campaign.

She further directed the health officials to seek the help of private doctors, community elders and religious scholars for the supervision of the polio campaign so that they can indicate the children left behind in the campaign. From now on, she said, private doctors will pinpoint such children of their respective areas, who have not been administered a single dose of anti-polio vaccine so far. Earlier, the coordinator of divisional task force, Yousuf Shaikh, briefed the meeting about the three rounds of polio campaign from November, 2016, till January, 2017. He said that due to poor performance, three vaccinators have been suspended in Ghotki district while two vaccinators in Sukkur have been issued show-cause notices. He added that after Khairpur district, the work of routine immunisation has been handed over to the People's Primary Healthcare Initiative (PPHI).

(The Express Tribune 14, 29/01/2017)

'Census an opportunity to collect data on five major diseases'

Cardiologists and diabetologists say statistics of diabetes, hypertension, obesity, hepatitis and heart diseases can help in policymaking

Pakistan's leading cardiologists and diabetologists demanded on Friday that the government should collect the data of five major diseases - diabetes, hypertension, obesity, hepatitis and cardiac ailments - as part of the upcoming sixth national population census so that the statistics could be used in policymaking.



“The upcoming census is the best opportunity for our policymakers to collect the data of five major disease including diabetes, hypertension, obesity, hepatitis and cardiac ailments,” renowned diabetologists and Health Advisory Research Board (HealthRAB) vice chairman Dr Abdul Basit said at a pres conference. He was accompanied by Pakistan Cardiac Society (PCS) president-elect Prof Naeem Aslam.

On the occasion, the HealthRAB and the PCS announced the names of three young cardiologists, who had won the 1st Cardiology Research Award and cash prizes during the 46th PCS annual conference last month, for their research papers in the field of cardiology.

The three cardiologists are Dr Shazia Manji from the Tabba Heart Institute who stood first, Dr Shazia Rasheed from the National Institute of Cardiovascular Diseases who secured the second slot and Dr Shahzaib Ahmed, also from the NICVD, who grabbed the third place.

The Dr Basit and Prof Aslam signed a memorandum of understanding for holding the 2nd Cardiology Research Award at the 47th Annual Conference of the PCS between March 24 and 26 in Hyderabad.

Dr Basit said two weeks ago, he had met with the federal health secretary in Islamabad and demanded that queries about the five major diseases should be included in the census.

“At the moment we have no concrete data, no statistics about any disease in Pakistan so we can't device a strategy to prevent and tackle diabetes, hypertension, hepatitis, cardiac ailments and obesity in the country,” Dr Basit added.

“Nobody actually knows how many diabetes, hypertension and heart diseases patients there are in the country.”

Dr Basit said every family knew if there was a diabetic or a hypertension or hepatitis patient in their house and the data could be accurately collected.

He noted that every third or fourth patient visiting clinics or hospitals were diabetic and this meant that around 25 to 33 percent population of the county suffered from the disease. That also means that these patients are prone to having heart disease and other conditions," he added.

Speaking on the occasion, Prof Aslam thanked the HealthRAB for promoting the culture of research in Pakistan and said the awards would be turned into an annual feature so that young doctors were encouraged to engage in research.

He deplored that in Pakistan, doctors did not maintain records of their patients as that could help in preventing and lowering the burden of many diseases.

The chairman of the 47th Annual Conference of the PCS, Prof Feroz Memon, said heart ailments were the leading cause of deaths in Pakistan but unfortunately there was no concrete data about the number of patients suffering from them.

He hoped that the Cardiology Research Award initiated by the HealthRAB and the PCS would promote awareness about cardiac ailments and lower the rate of deaths caused by heart diseases.

(By M.Waqar Bhatti The News 13, 18/02/2017)

Unhealthy lifestyle blamed for diabetes, obesity problems in Pakistan

Pakistan ranked ninth among the most obese country in the world, while 2.1 billion people, or nearly 30 per cent of the world's population, are obese or overweight, experts told a symposium on Sunday.

"There is a big distinction between obesity of western citizens and the people in our region. The obesity of westerners is limited to upper parts of the body like shoulders while in Pakistan we face mostly abdominal obesity. The reason is difference of diet and the lifestyle," said Society of Gynaecologists and Obstetricians Pakistan (SOGP) president Dr Farid Zafar.

The fifth International Symposium on Gynaecology and Fetomaternal Medicine was hosted by Ziauddin University in collaboration with the Royal College of Obstetricians and Gynaecologists.

The speakers said globally 88pc of women who had high blood glucose during pregnancy were from low- and middle-income countries. Some 21 million women had some form of hyper-glycaemia in pregnancy.

Advertisement

Dr Zafar said professionals in Pakistan wanted to collaborate with all the colleges of the world reputed like the Royal College.

He said genetics could not be changed. "We have to evolve our own guidelines and carry out study on the rate of mortality in Pakistan. In Karachi and Lahore the rate of mortality is less than Larkana and other cities of the rural districts not due to doctors but the lifestyle of the people. There is a variation between research persons and the people operating in hospitals."

Prof Rubina Hussain said the premenstrual syndrome (PMS) encompassed a vast array of psychological symptoms such as depression, anxiety, irritability, loss of confidence and mood swings.

She pointed out premenstrual exacerbation of an underlying disorder, such as; diabetes, depression, epilepsy, asthma and migraine. "Treatments and lifestyle adjustments can help your patients reduce or manage the signs and symptoms of premenstrual syndrome," she said.

Dr Samrina Hashmi said 54m women were affected by impaired glucose tolerance (IGT) with a potential to develop GDM if they become pregnant. Over 76m women in the reproductive age were at risk of their pregnancy being complicated with pre-gestational (existing) diabetes or gestational diabetes. She said the highest raw and age adjusted prevalence from Southeast Asia and Middle East North Africa (MENA) region was about 46pc affecting 10.4m live births.

Dr Sumbul Sohail said Pakistan was ninth most obese country in the world while 2.1bn people were obese or overweight. "Diabetes is highly prevalent, with Asia contributing to 60pc. By the year 2030 Pakistan would be fourth on the list."

Dr Tasneem Asalm Tariq, a consultant from the United Kingdom, and Professor Fouzia Perveen also spoke.

(Dawn 16, 06/03/2017)

SC berates KWSB for exposing people to avoidable diseases

The Karachi registry of the country's top court berated the water utility on Thursday for failing to perform its statutory duty and exposing the residents of and visitors to the city to avoidable waterborne diseases.

Issuing an interim order on a petition seeking provision of potable drinking water and safe environment for the citizens, the Supreme Court's three-member bench headed by Justice Amir Hani Muslim said that an estimated 80 per cent of all illnesses were caused by waterborne diseases, many of which resulted in fatalities.



The order written by Justice Qazi Faez Isa said the Karachi Water & Sewerage Board (KWSB) had failed to fulfil its primary statutory mandate, as unfiltered, untreated and untested water was being supplied to the citizens and the entire sewage of the city was being dumped into the Arabian Sea without treatment.

The SC said the KWSB had around 13,000 employees but was still unable to fulfil its basic statutory duties, adding that as a consequence of the callous disregard of the water utility, government hospitals were overburdened with those suffering from water-borne diseases and many citizens treated at private facilities were forced to incur avoidable expenses.

The court took an exception to the KWSB's affairs and said the minutes of the last meeting of the utility showed that the demands of its combined bargaining agent were being met while disregarding its statutory mandate.

"The poor taxpayers and citizens of Karachi have paid heavily for setting up water filtration plants and sewage treatment plants, but regrettably the water filtration plants are not properly functioning and the plants lie derelict."

The bench said the citizens were punished further by the dumping of raw sewage into the Arabian Sea, which contaminated the beach and the coast, resulting in another health hazard.

It said the people were also deprived of the enjoyment of the city's beaches for health and recreation, adding that since the quality of beach water was unmonitored, raw sewage released into the sea had increased the dangers for swimmers manifold.

The SC said beaches were also littered with dangerous waste, such as discarded injection needles, which the tides deposited on the beach.

The court said that even though the KWSB could not provide basic services, it continued to expand its network by granting approvals to new housing schemes in a purely mechanical manner and by ex post facto approvals.

The bench said the utility appeared oblivious to the fundamental rights of citizens, including the right to have uncontaminated water to drink, which could be considered the bedrock of the right to life.

It said rivers and other water channels in the city had also been turned into open sewers by raw effluents, and expressed concern that if not rectified immediately, the state of affairs could lead to an epidemic of infectious diseases.

As regards the immediate issue of the water filtration plants, the SC said it was agreed that the credentials and competence of all laboratory personnel be checked, thereafter competent persons should train them and subsequently all personnel be tested to ascertain if they possessed the requisite skills.

The court said deficient instruments and equipment should be immediately improved or replaced, and the mechanism for collecting and compiling data from all the water filtration plants for transmitting to a central point should also be examined immediately.

The bench said that to address the issue of the functioning of water filtration plants and sewage treatment plants TP-I and TP-III, the chief secretary would form a committee.

It said the body would ensure rehabilitation of all the filtration plants if required, adding that laboratories were equipped with the necessary instruments for proper monitoring of water quality and rehabilitating the plant at Gharo and its laboratory, ordering completion of the exercise within a month and submitting a compliance report in court.

The SC said that as regards the treatment plant at Mehmoodabad, its site should be inspected and the area of its land, which had been encroached on and leased by the Karachi Metropolitan Corporation (KMC), should be determined, providing alternative land and/or compensation to the affected households.

The court directed the KMC, the Board of Revenue and the KWSB to submit their separate reports in this regard, including the minimum area of land required to make the TP-II project functional and the mechanism to repossess it.

Expressing concern over the affairs of the North Sindh Urban Services Corporation (NSUSC), the bench said the Sindh advocate general had filed a report, but there was no proof of the work being carried out for which the funds were spent.

It said that to date \$50 million had been spent from the loan provided by the Asian Development Bank (ADB), adding that the minutes of the chief minister's meeting also noted serious concerns about the NSUSC's work.

The SC said the additional chief secretary (development) had pointed out in the meeting that the ADB had serious reservations and concerns about the issue and hinted that it would be better to close the company, and the CM's principal secretary had categorised the programme as "ill-conceived and ill-planned".

The court said the chief secretary had submitted that after considering all the facts and legal ramifications, the government would decide whether or not to wind up the NSUSC and to assign its projects to the Public Health Engineering Department for completion and thereafter handing them over to the respective municipal authorities.

The bench said all three sewage treatment plants had not been in working condition for several years, resulting in raw and untreated sewage being dumped into the Arabian Sea.

It said the city mayor had acknowledged that the KMC had leased out a portion of the land of Mehmoodabad treatment plant and that an inquiry was being conducted in this regard.

The SC said the judicial commission's report had also shown concern about the medical and industrial waste generated by hospitals and industries.

The bench directed the director general of the Sindh Environmental Protection Agency, the health secretary, the managing directors of SITE and the Korangi Industrial Estate, and the head of the Karachi Port Trust to appear in court along with comments on the next date of hearing.
(By Jamal Khurshid The News 13, 10/03/2017)

Viral eye infections occurring frequently in city due to pollution'

Experts say allergic reactions and conjunctivitis also

resulting from poor environmental conditions

Poor environmental conditions due to heaps of garbage at every nook and corner, the burning of solid waste and dust from unplanned development works in the city have increased the frequency of viral eye infections, allergic reactions and conjunctivitis.



“Frequency of viral eye infections, especially conjunctivitis and allergic reactions, has increased manifolds in Karachi due to extremely poor environmental conditions and dust because of developments works. Citizens need to take special care of their eyes in these circumstances,” said eminent eye surgeon and Hashmanis Hospital medical director Dr Sharif Hashmani.

Accompanied by Hashmanis Hospital director Dr Arsalan Hashmani, Sadiq Qureshi and Media Director Azhar Nisar, he told a press briefing on Monday that eyes were the most delicate organs in the human body and needed special care, but due to the prevailing unhygienic conditions in Karachi, people were having viral infections and dust allergic reactions more frequently.

“Authorities in Karachi would have to pay special attention to this aspect also as poor environmental conditions and dust are causing an irreparable loss to the eyes of people, especially children in the city.”

Declaring diabetes as the growing cause of blindness in urban areas of Pakistan, Dr Hashmani said people from affluent areas of cities, including Defence and Clifton in Karachi, were getting blind due to diabetes, which was a preventable disease. He urged the people to control or avoid diabetes by adopting a healthy lifestyle for maintain healthy vision.

“On the other hand, cataract is still the number one cause of blindness in Pakistan although in the developed countries, blindness due to cataract has been controlled to a large extent,” he said, adding that advanced techniques and surgeries were being used in the developed countries to treat cataract and prevent blindness these days.

To a query, Dr Hasmani said cataract, which was the major cause of blindness in Pakistan’s rural areas, was an age-specific condition and people after 40 years of age started having cataract. But due to early diagnosis and laser surgeries, cataract removal was now an easy procedure and could be carried out with extreme precision, he added.

On the other hand, diabetes was becoming a major issue for eye specialists in Pakistan as a large number of people were losing their vision because of this lifestyle disease, he said and urged the people to control blood sugar levels to maintain their eyesight.

Responding to another query, Dr Hashmani deplored that instances of cadaver cornea or eye donation were very rare in Pakistan and even if a person allowed his corneas to be removed after his death, his or her relatives did not let surgeons to remove the corneas.

“There are thousands of people who wish to receive corneas from others, but hardly a few are willing to donate their eyes to others after their death. We need to launch a campaign in this regard and very soon Hashmanis Hospital would carry out a campaign for promoting cornea donation in the country.

“A single person’s corneas can help two blind persons regain eyesight. Recently, Maulana Abdus Sattar Edhi donated his corneas which helped two persons to regain their eye sight. I hope people would follow the legacy of Maulana Edhi.”

(By M. Waqar Bhatti The News 14, 21/03/2017)

Mismanagement of KWSB may lead to outbreak of infectious diseases: SC

Expressing extreme annoyance over the failure of the Karachi Water and Sewerage Board and provincial authorities to provide potable water and proper sanitation to the city, the Supreme Court has observed that the water utility has exposed the citizens to otherwise avoidable waterborne diseases and this state of affairs may lead to an epidemic of infectious diseases if not rectified immediately.

The observations were made in a detailed order of a three-judge SC bench on a constitutional petition of advocate Shahab Usto against the provincial government and the KWSB for shortage of potable water and poor sanitation conditions in the province.

The order of the bench, headed by Justice Amir Hani Muslim, that had taken up the case on March 16, was issued by the apex court on Friday.

“In failing to perform its statutory duty KWSB has exposed the residents as well as all visitors to the city to avoidable waterborne diseases. It is estimated that four-fifths of all illnesses are caused by water-borne disease, many of which result in fatalities,” the order said.

Advertisement

The judges noted in the order that as a consequence of the “callous disregard by KWSB of its duty”, government hospitals were overburdened by those suffering from waterborne diseases and many citizens who availed themselves of private treatment also incurred avoidable expense.

The order said: “The citizens of Karachi are punished still further by the dumping of raw sewerage into the Arabian Sea which contaminates the beach and the coast and poses yet another health hazard.” It added that the people were also deprived of enjoyment of the city’s beaches for health and recreation.

The judges observed that there was no monitoring of the quality of beach water and the dangers of swimming or wading in seawater were manifold as raw sewage was released into the sea. “The beaches are also littered with dangerous waste, which the tides deposit on the beach, such as discarded injection needles,” it added.

The bench noted that though KWSB could not provide basic services, still it continued to expand its network by granting approvals to new housing schemes in a purely mechanical manner. “KWSB appears oblivious to the Fundamental Rights of citizens, including the right to have uncontaminated water to drink which can be considered bedrock to the right to life,” the order said.

It said that the rivers and other water channels in Karachi had also been rendered open sewers by raw effluent. “If not rectified immediately this state of affairs may lead to an epidemic of infectious diseases,” the judges further observed.

Commission’s powers

After going through the material collected by the commission, the CD visuals and footage and hearing the law officers and the high-ups of the provincial government, the judges observed that they were clear in their mind that the commission comprising Justice Mohammad Iqbal Kalhoro of the Sindh High Court shall continue to work with all such powers conferred on it by the apex court in terms of the order dated Dec 12, 2016 “as the issues in these proceedings have direct impact on the life and health of the public of Sindh”.

The bench ordered: "The Commission shall ensure compliance of the directions contained in this order and shall also take all steps to see that the Task Force constituted by the Sindh Government pursuant to the direction of this Court on 14.03.2017 shall comply [with] its recommendations contained in the report."

The bench ruled that the commission shall be at liberty to pass orders as a judge of the high court whenever it was necessary in the public interest for achieving the object for which it was constituted. "All Provincial, Federal Government Departments, statutory bodies, agencies, companies under their patronage shall be bound by the directions and orders issued by the Commission," the bench further ruled.

The bench ordered that the commission in addition to the task force/committee may seek information or any detail in regard to any question relatable to water or sanitation problems in any part of the province.

The court ordered that all concerned should periodically report to the commission to ensure that the "matters which have been highlighted in the report and noticed by us are redressed".

The apex court's bench also asked the SHC chief justice to ensure that Justice Kalhor had the requisite time to undertake this important assignment.

The bench ordered its office to fix the matter after four months.
(By Tahir Siddiqui Dawn 17, 25/03/2017)

'Newly procured genome mapping machine to help diagnose fatal diseases'

The newly procured human genome mapping machine at the Jamil-ur-Rahman Centre for Genome Research, University of Karachi, will help scientists with better diagnosis and treatment of fatal diseases like cancer.

The machine has been procured at a cost of Rs30 million for the Jamil-ur-Rahman Centre, which is part of Dr Panjwani Centre for Molecular Medicine and Drug Research, KU, according to Professor Dr Atta-ur-Rahman, former federal minister for science and technology.

Dr Rahman, who is also a former chairman of the Higher Education Commission, was delivering the opening lecture at a three-day workshop, titled "Next Generation DNA Sequencing (NGS) Data Analysis", being held at the LEJ National Science Information Centre, KU. The event has been scheduled from March 27 till 29.

Dr Rahman said the field of genetics was also finding wide applications in health-related research with a growing understanding of genetic diseases.

He said the NGS technology had revolutionised the field of genomics, and by using NGS, an entire human genome could be sequenced within a single day.

He further observed that the technology had tremendous applications in biomedicine, agriculture, and biotechnology.

The former HEC chairman informed the audience that the Jamil-ur-Rahman Centre was set up as a part of the PCMD to strengthen the ongoing molecular medicine research efforts and train the manpower in this cutting-edge area of biology. "The centre was named after my father, the late Jamil-ur-Rahman."

He said he had announced a donation for the centre when he had received the Engro Excellence Award of Rs5 millions on January 14, 2011, for the construction of the centre.

The participants from universities of different cities will be trained in the workshop by Dr Waseem Haider of the Comsats Institute of Information Technology Islamabad, and Dr M Kamran Azim and Dr Ishtiaq Ahmad Khan of the International Centre for Chemical and Biological Sciences, KU.

The workshop is designed for early career life scientists, post-doctoral fellows, MPhil and PhD students, as well as for corporate professionals working in the areas of genomics and bioinformatics.
(The News 19, 28/03/2017)

‘Karachi polio-free for more than a year’

The provincial health ministry on Wednesday informed a top Unicef official that Karachi was free of poliovirus for more than a year and the northern parts of Sindh would soon pass a year without any incidence of the crippling disease.

Officials in the health ministry said Unicef regional director for South Asia Jean Gough paid a visit to the Emergency Operation Centre (EOC) for polio in Sindh.

She also visited Baldia Town to oversee the efforts for polio eradication in the metropolis. The area is considered to be the last bastion of the deadly virus.

She was accompanied by Unicef country representative Angela Kearney.

Advertisement

At the EOC, said officials in the provincial government, she was briefed on the working of the emergency operation centre and the headway made in polio eradication in Sindh.

The officials there were quoted as saying that it had been more than a year since Karachi last reported a polio case and soon it would be a year since northern districts of Sindh reported a case. Both these areas, officials said, had persistent virus circulation less than two years ago.

Ms Gough and Ms Kearney also met female front-line polio workers from across Karachi and had detailed discussions with them ranging from the route maps that were used in the field to how the improvements in the programme came about.

Ms Gough appreciated the role being played by the women.

“You are the true heroes of the programme,” she was quoted as saying.

The two senior officials also visited the town health office in Baldia where they met workers before being accompanied by them in the streets of UC-7 Baldia to interact with the community and see polio eradication activities.

(Dawn 17, 30/03/2017)

Dust pollution leading cause of rise in asthma in Karachi

Increased dust pollution due to road repair/construction is creating serious health problems for asthma patients, as a large number of them are reporting to hospitals, said health experts on Monday. Prolonged exposure to polluted air was a leading cause of asthma, said the experts while speaking to Dawn on the eve of World Asthma Day.

“Asthma is on the rise in the city due to multiple factors including dust pollution. It’s also affecting people with sensitive eyes or those already vulnerable to any kind of allergy. Everybody needs proper protection from increased dust pollution, especially those [who] are directly exposed to it,” said Dr Kamran Khan of the Jinnah Postgraduate Medical Centre’s (JMPC) chest department.

Often the patients included motorcyclists, bus commuters and pedestrians, he added.

According to him, over 800 asthma patients are registered with the JPMC; these patients are visiting the facility more frequently these days with complaints of nasal/eye discharge, coughing and wheezing. Many patients are directly reporting to the emergency department with severe asthma attack.

Advertisement

“An asthma attack can result in respiratory failure and the patient will then be put on a ventilator. Given the fact that ventilator facility is available at a few public sector hospitals, one can imagine how dust pollution affects public health in profound ways,” he said.

In reply to a question about how one could protect oneself against dust pollution, he said personal protective measures such as covering one’s nose and mouth, frequent face wash and nose cleaning, gargling with warm water and steam inhalation, helped a great deal, but asthma patients must properly use inhalers.

Seconding his opinion, Dr Saifullah Baig at the Ojha Institute of Chest Diseases (OICD) said asthma was on the rise across the world and its increase had been linked to modern lifestyle. According to him, other risk factors included exposure to hazardous fumes and smoke from factories, restaurants and even homes where firewood is used for heating/cooking purpose.

He said industrial masks were far more effective to avoid dust pollution than the surgical masks which some people had started using in recent years. “Unfortunately there is hardly any awareness about it. Such masks should be readily available,” he noted.

Dr Javaid A. Khan, consultant chest physician at the Aga Khan University Hospital, said it’s not surprising that the number of asthmatics was increasing in Karachi, ranked among the top-most polluted cities in the world by WHO last year.

He said: “We eat food thrice a day but breathe air every few seconds. All things that pollute air tend to aggravate asthma whether it is road work or the garbage being burnt openly. We see factories operating in densely populated areas which badly affect lungs’ health. Our public places are full of tobacco smoke that makes life of asthma patient very difficult because their airways are very sensitive.”

Little awareness

Experts also showed concern over the extremely low level of awareness about asthma and misconceptions surrounding inhaler use as indicated by a study involving the AKUH, the JPMC, Civil Hospital Karachi and OICD.

According to the research covering 400 respondents, 19 per cent participants thought that asthma was a psychological disorder while 45pc considered it an infectious disease. Nearly 57pc participants believed that inhaled medications had significant side effects and 25pc believed that syrups and tablets work as effectively as inhalers.

Around 66pc considered steam inhalation to be an effective treatment for asthma. Misconceptions about diet and asthma were common.

Over 42pc considered milk as a common trigger for asthma, while 67pc thought that patients with asthma should avoid rice in their diet.

In another study, 58pc patients concurred that they were not compliant with the usage of inhalers and frequently missed their doses.

Similarly, 33pc patients had the misconception that inhalers were prescribed for severe diseases only. Forty per cent patients said they would prefer oral medicines over inhalers for management of lung diseases.

“These misconceptions not only lead to poor compliance with prescribed medications but also to frequent visits to hospitals. There is a need to educate patients regarding inhalers to improve not only their symptoms but also to improve their quality of life,” the study concludes.
(By Faiza Ilyas Dawn 15, 02/05/2017)